**INVERTED L BLOCK**

The inverted-L block is a nonspecific regional block that locally blocks the tissue bordering the caudal aspect of the 13th rib and the ventral aspect of the transverse processes of the lumbar vertebrae. An 18-gauge, 3.8-cm needle is used to inject up to a total of 100 ml of local anesthetic solution in multiple small injection sites into the tissues bordering the dorsocaudal aspect of the 13th rib and ventrolateral aspect of the transverse processes of the lumbar vertebrae. This creates an area of anesthesia under the inverted-L block.

Advantages of the inverted-L block include that the block is simple to perform, it does not interfere with ambulation, and deposition of the local anesthetic away from the incision site minimizes incisional edema and hematoma.

Disadvantages include incomplete analgesia and muscle relaxation of the deeper layers of the abdominal wall (particularly in obese animals), possible toxicity from the administration of larger doses of local anesthetic, and increased cost because of larger doses of local anesthetic required;

* This technique is technically relatively difficult, particularly in fat animals.
  + It is difficult to identify the landmarks for injections in animals that are obese or very heavily muscled.
* Vasodilatation may increase haemorrhage this is considered of minor importance.
* Bowing of the flank may make closure of the laparotomy incision more difficult; this is considered of minor importance.
* There is a risk of penetrating the aorta or thoracic longitudinal vein on the left side of the spine or the posterior vena cava on the right side.
* Caudal migration of the drug to the femoral nerve may occur with resultant loss of motor control to the hind limb.