Standardising nomenclature in regional anaesthesia: an international Delphi consensus study

This document includes the results from all rounds of this Delphi study.

VIEW BLOCKS THAT HAVE BEEN AGREED

FINAL LIST

VIEW THE THIRD ROUND DELPHI

THIRD ROUND DELPHI

VIEW THE FULL STEERING GROUP DECISIONS AND SUMMARY RESULTS FROM THE SECOND ROUND

SECOND ROUND DECISIONS

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SECOND ROUND DELPHI: RESULTS

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SECOND ROUND RATIONALE

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RESULTS: CLARIFYING QUESTIONS

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Delphi study AGREED BLOCKS

	NAME	Agree	Disagree	Unsure	DESCRIPTION (anatomical location of injection)	Agree	Disagree	Unsure	Round Included	Consensus
UPPER	Interscalene brachial plexus block	98%	1%	1%	Injection at the C5 and C6 nerve roots between anterior and middle scalene muscles	83%	10%	7%	2	Strong
UPPER	Superior trunk block	92%	0%	8%	Injection at the superior trunk before the suprascapular nerve emerges	80%	6%	15%	2	Strong
UPPER	Supraclavicular brachial plexus block	99%	0%	1%	Injection at the divisions of the brachial plexus immediately cephalad to the calvicle	78%			3	Strong
UPPER	Infraclavicular brachial plexus block	82%	9%	10%	Injection at the cords of the brachial plexus	87%	8%	6%	2	Strong
UPPER	Infraclavicular brachial plexus block (Retroclavicula	78%	7%	15%	Injection at the cords of the brachial plexus where the needle insertion is proximal to the clavicle	72%			3	Strong
UPPER	Infraclavicular brachial plexus block (Costoclavicul	85%	7%	8%	Injection at the cords of the brachial plexus in the medial infraclavicular fossa at the first part of the axillary artery	90%			3	Strong
UPPER	Infraclavicular brachial plexus block (Coracoid app	85%			Injection at the cords of the brachial plexus in the lateral infraclavicular fossa at the second part of the axillary artery	82%			3	Strong
UPPER	Axillary brachial plexus block	95%	0%	5%	Injection at the branches of the brachial plexus in the axillary region	66%			3	Weak
UPPER	Suprascapular nerve block (anterior approach)	87%	5%	8%	Injection of the suprascapular nerve coming off superior trunk and travelling to posterior neck under the posterior belly of Omohyoid muscle	84%	4%	12%	2	Strong
UPPER	Suprascapular nerve (posterior approach)	89%	2%	8%	Injection of the suprascapular nerve in the suprascapular notch or suprascapular fossa	84%	8%	8%	2	Strong
UPPER	Deep cervical plexus block	95%	2%	2%	Injection at one of more of the nerve roots of C2, 3, and 4, deep to the prevertebral fascia	88%			3	Strong
UPPER	Intermediate cervical plexus block	93%			Injection deep to the investing fascia and superficial to the prevertebral fascia at the midpoint of the posterior border of sternocleidomastoid muscle	93%			3	Strong
UPPER	Superficial cervical plexus block	98%	0%	2%	Injection superficial to the investing fascia at the midpoint of the posterior border of sternocleidomastoid muscle	85%	2%	13%	2	Strong
LOWER	Lumbar plexus block	97%	1%	2%	Injection at the level of the lumbar roots (L2-4) coursing in the posterior third of the psoas muscle	95%	0%	5%	2	Strong
LOWER	Sacral plexus block	98%	1%	1%	Injection at the the sacral plexus just medial to the posterior border of the ischium. The plexus lies deep to the piriformis muscle lateral to the inferior gluteal vessels.	79%	11%	11%	2	Strong
LOWER	Fascia iliaca block (supra-inguinal approach)	99%	0%	1%	Injection deep to the fascia iliaca over the surface of the iliacus muscle, and proximal to the inguinal ligament.	78%	3%	19%	2	Strong
LOWER	Fascia iliaca block (infra-inguinal approach)	98%	1%	1%	Injection deep to the fascia iliaca, over the surface of the iliacus muscle, and lateral to the femoral nerve, distal to the inguinal ligament.	85%			3	Strong
LOWER	Sciatic nerve block (Transgluteal approach)	87%	8%	5%	Injection at the sciatic nerve deep to the gluteus maximus muscle.	96%	1%	3%	2	Strong
LOWER	Sciatic nerve block (Infragluteal approach)	90%	7%	3%	Injection at the sciatic nerve at the midthigh region distal to the inferior border of the gluteus maximus muscle.	87%	5%	8%	2	Strong

LOWER	Sciatic nerve block (Anterior approach)	86%	7%	7%	Injection at the sciatic nerve between the adductor magnus anteriorly and gluteus maximus or biceps femoris muscles.	93%	3%	4%	2	Strong
LOWER	Femoral nerve block	99%	0%	1%	Injection at the femoral nerve cephalad to the bifurcation of the femoral artery, deep to the fascia iliaca	97%			3	Strong
LOWER	Pericapsular nerve group (PENG) block	77%	9%	14%	Injection in the musculofascial plane between the psoas tendon anteriorly and the pubic ramus posteriorly.	63%			3	Weak
LOWER	Pudendal nerve block	85%	11%	3%	Injection at the pudendal nerve medial to the pudendal artery between the sacrospinous and sacrotuberous ligaments at the level of ischial spine	79%	20%	1%	1	Strong
LOWER	Femoral triangle block	76%	10%	14%	Injection in the aponeurotic compartment containing the femoral vessles proximal to the apex of the femoral triangle. The apex of the femoral triangle is the point where the medial borders of the sartorius and adductor longus muscles cross.	76%	10%	14%	2	Strong
LOWER	Adductor canal block	85%	7%	8%	Injection in the aponeurotic compartment containing the femoral vessles distal to the apex of the femoral triangle and proximal to the adductor hiatus. The apex of the femoral triangle is the point where the medial borders of the sartorius and adductor longus muscles cross.	80%	7%	13%	1	Strong
LOWER	Infiltration between the popliteal artery and capsule of the knee (IPACK)	86%	9%	5%	Injection in the soft tissues between the popliteal artery and the posterior surface of the distal femur	92%	2%	6%	1	Strong
LOWER	Superior medial genicular nerve block	79%	16%	6%	Injection at the superior medial genicular nerve next to the genicular artery on the medial side of the distal femur	75%	21%	4%	1	Strong
LOWER	Superior lateral genicular nerve block	80%	15%	6%	Injection at the superior lateral genicular nerve next to the genicular artery on the lateral side of the distal femur	75%	21%	4%	1	Strong
LOWER	Inferior medial genicular nerve block	81%	13%	6%	Injection at the inferior medial genicular nerve near the genicular artery at the junction of the medial condyle of the tibia and tibial shaft.	67%			3	Weak
LOWER	Inferior lateral genicular nerve block	78%	17%	6%	Injection at the inferior lateral genicular nerve near the genicular artery at the proximal fibula	69%			3	Weak
LOWER	Sciatic nerve block at the popliteal fossa	87%			Injection at the tibial nerve distal to the sciatic nerve bifurcation	91%	1%	8%	3	Strong
LOWER	Nerve to vastus medialis block	84%	8%	7%	Injection at the nerve to vastus medialis where it is located deep to the sartorious and lateral to the sahenous nerve and femoral vessles in the femoral triangle	79%	13%	8%	2	Strong
LOWER	Common peroneal nerve block	90%	1%	9%	Injection at the common peroneal nerve distal to sciatic nerve bifurcation	93%	1%	6%	1	Strong
LOWER	Ankle block	86%	7%	7%	Injection at the 5 distal nerves that provide innervation of the foot at the level of the ankle: Posterior tibial nerve, Deep Peroneal nerve, Superficial Peroneal nerve, Saphenous and Sural nerves.	91%	2%	7%	1	Strong
LOWER	Deep peroneal nerve block	95%	3%	1%	Injection at the deep peroneal nerve above the intermalleolar line, medial to the anterior tibial artery	84%	7%	9%	1	Strong
LOWER	Superficial peroneal nerve block	97%	2%	1%	Injection at the superficial peroneal nerve superficially between the peroneus brevis and the extensor digitorum longus as a triangular hyperechoic shadow under the crural fascia. The extensor digitorum longus is anterior to the nerve, while the peroneus brevis is posterior to the nerve.	88%	6%	7%	1	Strong
LOWER	Sural nerve block	92%	5%	3%	Injection at the sural nerve above the lateral malleolus, anterior to the achilles tendon and posterior to the peroneus brevis	90%	6%	4%	1	Strong
LOWER	Saphenous nerve block at the ankle	92%	5%	3%	Injection at the saphenous nerve proximal to the medial malleous, anterior to the great saphenous vien	94%	3%	2%	1	Strong

PERIPHERAL NERVE BLOCK TEMPLATE

NAME				ANATOMICAL DESCRIPTION				ROUND INCLUDED
Midhumeral block OR	44%	11%	45%	Injection around the median, ulnar and radial nerves individually at the junction of the upper third and middle third of the arm. OR	58%	1%	41%	2
Peripheral nerve block	55%	11%	34%	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	69%	7%	24%	2
Forearm block OR	39%	6%	55%	Injection at the median, ulnar, radial nerves at the level of elbow OR	36%	7%	58%	2
Peripheral nerve block	68%	4%	29%	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	70%	5%	26%	2
Wrist block OR	47%	4%	49%	Injection at the median, ulnar and radial nerves at the level of the wrist by separate injections OR	49%	1%	49%	2
Peripheral nerve block	64%	4%	32%	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	62%	5%	33%	2
Intercostobrachial nerve block OR	84%	1%	15%	Injection 2-3 cm distal to the axillary crease in an anterior-posterior distribution approximately 3 -5 cm wide between the biceps and the triceps muscles OR	56%	11%	33%	2
Peripheral nerve block	29%	4%	67%	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	42%	6%	52%	2
Saphenous nerve block at the knee OR	26%	11%	63%	Injection at the saphenous nerve deep to the satrorius muscle and posterior to the saphenous branch of the descending genicular artery	52%	11%	37%	2
Saphenous nerve block (at the level of the adductor canal) OR	57%	7%	35%		49%	11%	40%	2
Peripheral nerve block	46%	5%	49%	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	45%	8%	47%	2
Infrapatellar nerve block	76%	11%	13%	Injection around infrapatellar branch in the superficial fascial layer between sartorius and vastus medialis distal to exit from adductor canal	49%	34%	17%	1
Axillary nerve block	93%	2%	5%	Injection at the axillary nerve <SPECIFY LOCATION>	95			3
Lateral femoral cutaneous nerve block	100%	0%	0%	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	82			3
Posterior femoral cutaneous nerve block	94%	2%	2%	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	92			3
Obturator nerve block	93%	2%	5%	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	95			3
Genitofemoral nerve block	92%	2%	5%	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	85			3
Tibial nerve block at the ankle	81%	5%	14%	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	96			3

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Delphi study ROUND 2

REGION			NAME	Agree	Unsure	Disagree	Decision (Name)	DESCRIPTION (anatomical location of injection)	Agree	Unsure	Disagree	Decision (Description)
	1	a	Supraclavicular brachial plexus block				INCLUDE	Injection at the divisions of the brachial plexus OR				EXCLUDE
		b						Injection at the divisions of the brachial plexus immediately cephalad to the calvicle	78%		22%%	INCLUDE
	2	a	Deep cervical plexus block				INCLUDE	Injection adjacent to one of more of the transverse processes of C2, 3, and 4. (e.g. a paravertebral technique), deep to the prevertebral fascia OR				EXCLUDE
		b						Injection at one of more of the nerve roots of C2, 3, and 4, deep to the prevertebral fascia	88%			INCLUDE
	3		Intermediate cervical plexus block	93%%			ROUND 3	Injection deep to the investing fascia at the midpoint of the posterior border of sternocleidomastoid muscle				EXCLUDE
								Injection deep to the investing fascia and superficial to the prevertebral fascia at the midpoint of the posterior border of sternocleidomastoid muscle	93%			INCLUDE
	4	a	Axillary brachial plexus block				INCLUDE	Injection at the branches of the brachial plexus at the level of the axilla OR	34%			EXCLUDE
		b						Injection at the branches of the brachial plexus in the axillary region	66%			INCLUDE
	5	a	Axillary nerve block				INCLUDE	Injection at the axillary nerve in the upper humerus exiting the quadrangular space OR	5%			EXCLUDE
		b						Injection at the axillary nerve <SPECIFY LOCATION>	95%			INCLUDE
	6	a	Infraclavicular brachial plexus block (Retroclavicular approach)				INCLUDE	Injection at the cords of the brachial plexus	28%			EXCLUDE
		b						Injection at the cords of the brachial plexus where the needle insertion is proximal to the clavicle	72%			INCLUDE
	7	a	Infraclavicular brachial plexus block (Costoclavicular approach)				INCLUDE	Injection at the brachial plexus in the proximal infra-clavicular fossa, where the lateral, medial, and posterior cords are tightly bundled	10%			EXCLUDE
		b						Injection at the cords of the brachial plexus in the medial infraclavicular fossa at the first part of the axillary artery	90%			INCLUDE
	8	a	Infraclavicular brachial plexus block (Coracoid approach)	85%			INCLUDE	Injection at the cords of the brachial plexus in the lateral infraclavicular fossa at the second part of the axillary artery	82%			INCLUDE
	9	a	Femoral nerve block				INCLUDE	Injection at the femoral nerve cephalad to the bifurcation of the femoral artery, distal to the inguinal ligament and deep to both fascia lata and fascia iliaca, over the surface of the iliacus muscle. OR	3%			EXCLUDE
		b						Injection at the femoral nerve cephalad to the bifurcation of the femoral artery, deep to the fascia iliaca	97%			INCLUDE
	10	a	Fascia iliaca block (infra-inguinal approach)				INCLUDE	Injection deep to the fascia iliaca, over the surface of the iliacus muscle, and lateral to the femoral nerve, distal to the inguinal ligament. OR	85%			INCLUDE
		b						Injection deep to the fascia iliaca over the surface of the iliacus muscle, and distal to the inguinal ligament.	15%			EXCLUDE
	11	a	Lateral femoral cutaneous nerve block				INCLUDE	Injection at the lateral femoral cutaneous nerve medial to the tensor fascia lata and lateral to the sartorious muscle in a plane between the fascia lata and fascia iliaca, distal to the anterior superior iliac spine.				EXCLUDE
		b						Injection at the lateral femoral cutaneous nerve medial to the tensor fascia lata and lateral to the sartorious muscle in a plane between the fascia lata and fascia iliaca.	19%			EXCLUDE
		c						<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	81%			INCLUDE
		a	Posterior femoral cutaneous nerve block					Injection at the posterior femoral cutaneous nerve superficial and lateral to the sciatic nerve in the subgluteal region, and immediately deep to the gluteus maximus and fascia lata. OR				EXCLUDE

12	b	[illegible]				INCLUDE	Injection at the posterior femoral cutaneous nerve superficial and lateral to the sciatic nerve in the subgluteal region	8%			EXCLUDE
	c						<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	92%			INCLUDE
13	a	Obturator nerve block				INCLUDE	Injection at the obturator nerve proximal to the bifurcation into anterior and posterior divisions in the plane between the pectineus and obturator externus muscles branches of the obturator nerve in the upper medial thigh as they lie anteriorly and posteriorly to the adductor brevis muscle respectively				EXCLUDE
	b						Injection at the obturator nerve proximal to the bifurcation into anterior and posterior divisions in the plane between the pectineus and obturator externus muscles	5%			EXCLUDE
	c						<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	95%			INCLUDE
14	a	Genitofemoral nerve block				INCLUDE	Injection at the genitofemoral nerve which is an oval structure lying medial and superficial to the femoral artery in the inguinal canal. The contents of the inguinal canal are identified , with testicular vessels located laterally and spermatic cord medially. The needle is advanced in an in-plane approach to direct the needle towards the spermatic cord to block the genital branch				EXCLUDE
	b						Injection at the genitofemoral nerve which is an oval structure lying medial and superficial to the femoral artery in the inguinal canal.	15%			EXCLUDE
	c						<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	85%			INCLUDE
15	a	Pericapsular nerve group (PENG) block				INCLUDE	The ilieo-pubic eminence (IPE), the iliopsoas muscle and tendon, the femoral artery, and pectineus muscle are imaged. Injection in the musculofascial plane between the psoas tendon anteriorly and the pubic ramus posteriorly.				EXCLUDE
	b						Injection in the musculofascial plane between the psoas tendon anteriorly and the pubic ramus posteriorly.	63%	37%		INCLUDE
16	a	Inferior medial genicular nerve block				INCLUDE	Injection near the genicular artery at the junction of medial condyle of tibia and tibial shaft	31%			EXCLUDE
	b						Injection at the inferior medial genicular nerve near the genicular artery at the junction of the medial condyle of the tibia and tibial shaft.	67			INCLUDE
17	a	Inferior lateral genicular nerve block				INCLUDE	Injection near the genicular artery at the proximal fibula	31%			EXCLUDE
	b						Injection at the inferior lateral genicular nerve near the genicular artery at the proximal fibula	69			INCLUDE
18	a	Popliteal sciatic nerve block	4%			EXCLUDE	Injection at the sciatic nerve at or near the point of bifurcation in the popliteal fossa				INCLUDE
	b	Sciatic nerve block at the popliteal fossa	96%			INCLUDE					INCLUDE
	c	Peripheral nerve block				ROUND 3	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>				ROUND 3
19	a	Selective tibial nerve block	13%			EXCLUDE	Injection at the tibial nerve distal to the sciatic nerve bifurcation				INCLUDE
	b	Tibial nerve block at the popliteal fossa	87%			INCLUDE					
20	a	Tibial nerve block at the ankle				INCLUDE	Injection at the posterior tibial nerve proximal to medial malleolus, the tendons of the tibialis anterior and flexor digitorum profundus are anterior to the nerve and gastrocnemius-soleus posterior to it . The posterior tibial artery and the tendon of flexor hallucis longus lie deep to the nerve, often with two small veins on either side of the artery.				EXCLUDE
							Injection at the tibial nerve proximal to medial malleolus, the tendons of the tibialis anterior and flexor digitorum profundus are anterior to the nerve and gastrocnemius-soleus posterior to it. The posterior tibial artery and the tendon of flexor hallucis longus lie deep to the nerve, often with two small veins on either side of the artery.	4%			EXCLUDE
	b					ROUND 3	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	**96%**			"

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Delphi study ROUND 2

REGION			NAME	Agree	Unsure	Disagree	Decision (Name)	DESCRIPTION (anatomical location of injection)	Agree	Unsure	Disagree	Decision (Description)
	1	a	Supraclavicular brachial plexus block	99%	0%	1%	INCLUDE	Injection at the divisions of the brachial plexus OR	43%	14%	43%	EXCLUDE
		b						Injection at the divisions of the brachial plexus immediately cephalad to the calvicle	63%	8%	29%	ROUND 3
	2	a	Deep cervical plexus block	95%	2%	2%	INCLUDE	Injection adjacent to one of more of the transverse processes of C2, 3, and 4. (e.g. a paravertebral technique), deep to the prevertebral fascia OR	34%	24%	42%	EXCLUDE
		b						Injection at one of more of the nerve roots of C2, 3, and 4, deep to the prevertebral fascia	68%	9%	23%	ROUND 3
	3		Intermediate cervical plexus block	68%	22%	10%	ROUND 3	Injection deep to the investing fascia at the midpoint of the posterior border of sternocleidomastoid muscle	62%	17%	21%	ROUND 3
								Injection deep to the investing fascia and superficial to the prevertebral fascia at the midpoint of the posterior border of sternocleidomastoid muscle	NEW PROPOSAL			ROUND 3
	4	a	Axillary brachial plexus block	95%	0%	5%	INCLUDE	Injection at the branches of the brachial plexus at the level of the axilla OR	60%	6%	33%	ROUND 3
		b						Injection at the branches of the brachial plexus in the axillary region	59%	7%	34%	ROUND 3
	5	a	Axillary nerve block	93%	2%	5%	INCLUDE	Injection at the axillary nerve in the upper humerus exiting the quadrangular space OR	56%	9%	35%	ROUND 3
		b						Injection at the axillary nerve <SPECIFY LOCATION>	57%	10%	32%	ROUND 3
	6	a	Infraclavicular brachial plexus block (Retroclavicular approach)	78%	7%	15%	INCLUDE	Injection at the cords of the brachial plexus	64%	10%	26%	ROUND 3
		b						Injection at the cords of the brachial plexus where the needle insertion is proximal to the clavicle	NEW PROPOSAL			ROUND 3
	7	a	Infraclavicular brachial plexus block (Costoclavicular approach)	85%	7%	8%	INCLUDE	Injection at the brachial plexus in the proximal infra-clavicular fossa, where the lateral, medial, and posterior cords are tightly bundled	64%	11%	25%	ROUND 3
		b						Injection at the cords of the brachial plexus in the medial infraclavicular fossa at the first part of the axillary artery	NEW PROPOSAL			ROUND 3
	8	a	Infraclavicular brachial plexus block (Coracoid approach)	NEW PROPOSAL			ROUND 3	Injection at the cords of the brachial plexus in the lateral infraclavicular fossa at the second part of the axillary artery	NEW PROPOSAL			ROUND 3
	9	a	Femoral nerve block	99%	0%	1%	INCLUDE	Injection at the femoral nerve cephalad to the bifurcation of the femoral artery, distal to the inguinal ligament and deep to both fascia lata and fascia iliaca, over the surface of the iliacus muscle.	51%	15%	34%	ROUND 3
		b						Injection at the femoral nerve cephalad to the bifurcation of the femoral artery, deep to the fascia iliaca	64%	7%	29%	ROUND 3
	10	a	Fascia iliaca block (infra-inguinal approach)	98%	1%	1%	INCLUDE	Injection deep to the fascia iliaca, over the surface of the iliacus muscle, and lateral to the femoral nerve, distal to the inguinal ligament. OR	63%	10%	27%	ROUND 3
		b						Injection deep to the fascia iliaca over the surface of the iliacus muscle, and distal to the inguinal ligament.	56%	6%	38%	ROUND 3
	11	a	Lateral femoral cutaneous nerve block	100%	0%	0%	INCLUDE	Injection at the lateral femoral cutaneous nerve medial to the tensor fascia lata and lateral to the sartorious muscle in a plane between the fascia lata and fascia iliaca, distal to the anterior superior iliac spine.	36%	17%	46%	EXCLUDE
		b						Injection at the lateral femoral cutaneous nerve medial to the tensor fascia lata and lateral to the sartorious muscle in a plane between the fascia lata and fascia iliaca.	69%	8%	22%	ROUND 3
		c						<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	NEW PROPOSAL (PERIPHERAL NERVE BLOCK)			ROUND 3
		a	Posterior femoral cutaneous nerve block					Injection at the posterior femoral cutaneous nerve superficial and lateral to the sciatic nerve in the subgluteal region, and immediately deep to the gluteus maximus and fascia lata. OR	35%	23%	42%	EXCLUDE

12	b	[illegible]	94%	2%	2%	INCLUDE	Injection at the posterior femoral cutaneous nerve superficial and lateral to the sciatic nerve in the subgluteal region	65%	17%	18%	ROUND 3
	c						<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	NEW PROPOSAL (PERIPHERAL NERVE BLOCK)			ROUND 3
13	a	Obturator nerve block	93%	2%	5%	INCLUDE	Injection at the obturator nerve proximal to the bifurcation into anterior and posterior divisions in the plane between the pectineus and obturator externus muscles branches of the obturator nerve in the upper medial thigh as they lie anteriorly and posteriorly to the adductor brevis muscle respectively	28%	16%	55%	EXCLUDE
	b						Injection at the obturator nerve proximal to the bifurcation into anterior and posterior divisions in the plane between the pectineus and obturator externus muscles	68%	14%	18%	ROUND 3
	c						<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	NEW PROPOSAL (PERIPHERAL NERVE BLOCK)			ROUND 3
14	a	Genitofemoral nerve block	92%	2%	5%	INCLUDE	Injection at the genitofemoral nerve which is an oval structure lying medial and superficial to the femoral artery in the inguinal canal. The contents of the inguinal canal are identified , with testicular vessels located laterally and spermatic cord medially. The needle is advanced in an in-plane approach to direct the needle towards the spermatic cord to block the genital branch	19%	15%	66%	ROUND 3
	b						Injection at the genitofemoral nerve which is an oval structure lying medial and superficial to the femoral artery in the inguinal canal.	65%	15%	20%	ROUND 3
	c						<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	NEW PROPOSAL (PERIPHERAL NERVE BLOCK)			ROUND 3
15	a	Pericapsular nerve group (PENG) block	77%	9%	14%	INCLUDE	The ilieo-pubic eminence (IPE), the iliopsoas muscle and tendon, the femoral artery, and pectineus muscle are imaged. Injection in the musculofascial plane between the psoas tendon anteriorly and the pubic ramus posteriorly.	31%	19%	50%	EXCLUDE
	b						Injection in the musculofascial plane between the psoas tendon anteriorly and the pubic ramus posteriorly.	68%	8%	24%	ROUND 3
16	a	Inferior medial genicular nerve block	81%	13%	6%	INCLUDE	Injection near the genicular artery at the junction of medial condyle of tibia and tibial shaft	73%	21%	6%	ROUND 3
	b						Injection at the inferior medial genicular nerve near the genicular artery at the junction of the medial condyle of the tibia and tibial shaft.	NEW PROPOSAL			ROUND 3
17	a	Inferior lateral genicular nerve block	78%	17%	6%	INCLUDE	Injection near the genicular artery at the proximal fibula	66%	27%	6%	ROUND 3
	b						Injection at the inferior lateral genicular nerve near the genicular artery at the proximal fibula	NEW PROPOSAL			ROUND 3
18	a	Popliteal sciatic nerve block	54%	11%	35%	ROUND 3	Injection at the sciatic nerve at or near the point of bifurcation in the popliteal fossa	91%	1%	8%	INCLUDE
	b	Sciatic nerve block at the popliteal fossa	58%	7%	35%	ROUND 3		86%	0%	14%	INCLUDE
	c	Peripheral nerve block	NEW PROPOSAL (PERIPHERAL NERVE BLOCK)			ROUND 3	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	NEW PROPOSAL (PERIPHERAL NERVE BLOCK)			ROUND 3
19	a	Selective tibial nerve block	39%	10%	51%	EXCLUDE	Injection at the tibial nerve distal to the sciatic nerve bifurcation	96%	3%	1%	INCLUDE
	b	Tibial nerve block at the popliteal fossa	73%	7%	19%	ROUND 3					
20	a	Tibial nerve block at the ankle	81%	5%	14%	INCLUDE	Injection at the posterior tibial nerve proximal to medial malleolus, the tendons of the tibialis anterior and flexor digitorum profundus are anterior to the nerve and gastrocnemius-soleus posterior to it . The posterior tibial artery and the tendon of flexor hallucis longus lie deep to the nerve, often with two small veins on either side of the artery.	39%	6%	55%	EXCLUDE
							Injection at the tibial nerve proximal to medial malleolus, the tendons of the tibialis anterior and flexor digitorum profundus are anterior to the nerve and gastrocnemius-soleus posterior to it. The posterior tibial artery and the tendon of flexor hallucis longus lie deep to the nerve, often with two small veins on either side of the artery.	60%	9%	31%	ROUND 3
	b					ROUND 3	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	NEW PROPOSAL (PERIPHERAL NERVE BLOCK)			ROUND 3

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Delphi study ROUND 2

REGION			NAME	Agree	Unsure	Disagree	Decision (Name)	DESCRIPTION (anatomical location of injection)	Agree	Unsure	Disagree	Decision (Description)
UPPER LIMB	1		Interscalene brachial plexus block	98%	1%	1%	INCLUDE	Injection at the C5 and C6 nerve roots between anterior and middle scalene muscles	83%	10%	7%	INCLUDE
	2		Superior trunk block	92%	0%	8%	INCLUDE	Injection at the superior trunk before the suprascapular nerve emerges	80%	6%	15%	INCLUDE
	3	a	Supraclavicular brachial plexus block	99%	0%	1%	INCLUDE	Injection at the divisions of the brachial plexus OR	43%	14%	43%	ROUND 3
		b						Injection at the divisions of the brachial plexus immediately cephalad to the calvicle	63%	8%	29%	ROUND 3
	4		Superficial cervical plexus block	98%	0%	2%	INCLUDE	Injection superficial to the investing fascia at the midpoint of the posterior border of sternocleidomastoid muscle	85%	2%	13%	INCLUDE
	5	a	Deep cervical plexus block	95%	2%	2%	INCLUDE	Injection adjacent to one of more of the transverse processes of C2, 3, and 4. (e.g. a paravertebral technique), deep to the prevertebral fascia OR	34%	24%	42%	ROUND 3
		b						Injection adjacent to one of more of the nerve roots of C2, 3, and 4, deep to the prevertebral fascia	68%	9%	23%	ROUND 3
	6		Intermediate cervical plexus block	68%	22%	10%	ROUND 3	Injection deep to the investing fascia at the midpoint of the posterior border of sternocleidomastoid muscle	62%	17%	21%	ROUND 3
	7	a	Infraclavicular brachial plexus block OR	82%	9%	10%	INCLUDE	Injection at the cords of the brachial plexus	87%	8%	6%	INCLUDE
		b	Infraclavicular brachial plexus block (infraclavicular approach)	27%	7%	65%	EXCLUDE					
	8	a	Axillary brachial plexus block	95%	0%	5%	INCLUDE	Injection at the branches of the brachial plexus at the level of the axilla OR	60%	6%	33%	ROUND 3
		b						Injection at the branches of the brachial plexus in the axillary region	59%	7%	34%	ROUND 3
	9	a	Axillary nerve block	93%	2%	5%	INCLUDE	Injection of the axillary nerve in the upper humerus exiting the quadrangular space OR	56%	9%	35%	ROUND 3
		b		88%	3%	9%		Injection at the axillary nerve <SPECIFY LOCATION>	57%	10%	32%	ROUND 3
	10	a	Midhumeral block OR	44%	11%	45%	EXCLUDE	Injection around the median, ulnar and radial nerves individually at the junction of the upper third and middle third of the arm. OR	58%	1%	41%	PNB
		b	Peripheral nerve block	55%	11%	34%	WEAK CONSENSUS	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	69%	7%	24%	PNB
	11	a	Suprascapular nerve block (anterior approach) OR	87%	5%	8%	INCLUDE	Injection of the suprascapular nerve coming off superior trunk and travelling to posterior neck under the posterior belly of Omohyoid muscle OR	84%	4%	12%	INCLUDE
		b	Peripheral nerve block	25%	8%	67%	EXCLUDE	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	26%	13%	61%	EXCLUDE
	12	a	Suprascapular nerve (posterior approach) OR	89%	2%	8%	INCLUDE	Injection of the suprascapular nerve in the suprascapular notch or suprascapular fossa OR	84%	8%	8%	INCLUDE
		b	Peripheral nerve block	22%	9%	69%	EXCLUDE	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	32%	12%	56%	EXCLUDE
	13	a	Forearm block OR	39%	6%	55%	EXCLUDE	Injection of the median, ulnar, radial nerves at the level of elbow OR	36%	7%	58%	EXCLUDE

	b	Peripheral nerve block	68%	4%	29%	WEAK CONSENSUS	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	70%	5%	26%	PNB
	14	Infraclavicular brachial plexus block (Retroclavicular approach)	78%	7%	15%	INCLUDE	Injection at the cords of the brachial plexus	64%	10%	26%	ROUND 3
	15 a	Infraclavicular brachial plexus block (Costoclavicular approach)	85%	7%	8%	INCLUDE	Injection at the brachial plexus in the proximal infra-clavicular fossa, where the lateral, medial, and posterior cords are tightly bundled OR	64%	11%	25%	ROUND 3
	b						Injection at the cords of the brachial plexus	31%	13%	56%	ROUND 3
	16 a	Wrist block OR	47%	4%	49%	EXCLUDE	Injection of the median, ulnar and radial nerves at the level of the wrist by separate injections OR	49%	1%	49%	EXCLUDE
	b	Peripheral nerve block	64%	4%	32%	WEAK CONSENSUS	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	62%	5%	33%	PNB
	17 a	Intercostobrachial nerve block OR	84%	1%	15%	INCLUDE	Injection 2-3 cm distal to the axillary crease in an anterior-posterior distribution approximately 3 - 5 cm wide between the biceps and the triceps muscles OR	56%	11%	33%	PNB
	b	Peripheral nerve block	29%	4%	67%	EXCLUDE	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	42%	6%	52%	PNB
R LIMB	18	Lumbar plexus block	97%	1%	2%	INCLUDE	Injection at the level of the lumbar roots (L2-4) coursing in the posterior third of the psoas muscle	95%	0%	5%	INCLUDE
	19 a	Femoral nerve block	99%	0%	1%	INCLUDE	Injection of the femoral nerve cephalad to the bifurcation of the femoral artery, distal to the inguinal ligament and deep to both fascia lata and fascia iliaca, over the surface of the iliacus muscle.	51%	15%	34%	ROUND 3
	b						Injection of the femoral nerve cephalad to the bifurcation of the femoral artery, deep to the fascia iliaca	64%	7%	29%	ROUND 3
	20 a	Fascia iliaca block (supra-inguinal approach)	98%	1%	1%	INCLUDE	Injection deep to the fascia iliaca over the surface of the iliacus muscle, superiorly and medially to the anterior superior iliac spine, proximal to the inguinal ligament. OR	33%	18%	48%	EXCLUDE
	b						Injection deep to the fascia iliaca over the surface of the iliacus muscle, and proximal to the inguinal ligament.	78%	3%	19%	INCLUDE
	21 a	Fascia iliaca block (infra-inguinal approach)	98%	1%	1%	INCLUDE	Injection deep to the fascia iliaca, over the surface of the iliacus muscle, and lateral to the femoral nerve, distal to the inguinal ligament. OR	63%	10%	27%	ROUND 3
	b						Injection deep to the fascia iliaca over the surface of the iliacus muscle, and distal to the inguinal ligament.	56%	6%	38%	ROUND 3
	22 a	Lateral femoral cutaneous nerve block	100%	0%	0%	INCLUDE	Injection at the lateral femoral cutaneous nerve medial to the tensor fascia lata and lateral to the sartorious muscle in a plane between the fascia lata and fascia iliaca, distal to the anterior superior iliac spine.	36%	17%	46%	ROUND 3
	b						Injection at the lateral femoral cutaneous nerve medial to the tensor fascia lata and lateral to the sartorious muscle in a plane between the fascia lata and fascia iliaca.	69%	8%	22%	ROUND 3
	23 a	Posterior femoral cutaneous nerve block	94%	2%	2%	INCLUDE	Injection at the posterior femoral cutaneous nerve superficial and lateral to the sciatic nerve in the subgluteal region, and immediately deep to the gluteus maximus and fascia lata. OR	35%	23%	42%	ROUND 3
	b						Injection at the posterior femoral cutaneous nerve superficial and lateral to the sciatic nerve in the subgluteal region	65%	17%	18%	ROUND 3
	24 a	Obturator nerve block	93%	2%	5%	INCLUDE	Injection of the obturator nerve proximal to the bifurcation into anterior and posterior divisions in the plane between the pectineus and obturator externus muscles branches of the obturator nerve in the upper medial thigh as they lie anteriorly and posteriorly to the adductor brevis muscle respectively	28%	16%	55%	ROUND 3
	b						Injection of the obturator nerve proximal to the bifurcation into anterior and posterior divisions in the plane between the pectineus and obturator externus muscles	68%	14%	18%	ROUND 3
	25 a	Genitofemoral nerve block	92%	2%	5%	INCLUDE	Injection of the genitofemoral nerve which is an oval structure lying medial and superficial to the femoral artery in the inguinal canal. The contents of the inguinal canal are identified , with testicular vessels located laterally and spermatic cord medially. The needle is advanced in an in-plane approach to direct the needle towards the spermatic cord to block the genital branch of	19%	15%	66%	ROUND 3
	b						Injection of the genitofemoral nerve which is an oval structure lying medial and superficial to the femoral artery in the inguinal canal.	65%	15%	20%	ROUND 3
	26	Femoral triangle block	76%	10%	14%	INCLUDE	Injection in the aponeurotic compartment containing the femoral vessles proximal to the apex of the femoral triangle. The apex of the femoral triangle is the point where the medial borders of the sartorius and adductor longus muscles cross.	77%	11%	12%	INCLUDE

LOWER

27	a	Saphenous nerve block at the knee OR	26%	11%	63%	ROUND 3	Injection of the saphenous nerve deep to the satrorius muscle and posterior to the saphenous branch of the descending genicular artery	52%	11%	37%	ROUND 3
	b	Saphenous nerve block (at the level of the adductor canal) OR	57%	7%	35%	ROUND 3		49%	11%	40%	ROUND 3
	c	Peripheral nerve block	46%	5%	49%	ROUND 3	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	45%	8%	47%	ROUND 3
28	a	Pericapsular nerve group (PENG) block	77%	9%	14%	INCLUDE	The ilieo-pubic eminence (IPE), the iliopsoas muscle and tendon, the femoral artery, and pectineus muscle are imaged. Injection in the musculofascial plane between the psoas tendon anteriorly and the pubic ramus posteriorly.	31%	19%	50%	ROUND 3
	b						Injection in the musculofascial plane between the psoas tendon anteriorly and the pubic ramus posteriorly.	68%	8%	24%	ROUND 3
29		Sacral plexus block	87%	8%	5%	INCLUDE	Injection of the the sacral plexus just medial to the posterior border of the ischium. The plexus lies deep to the piriformis muscle lateral to the inferior gluteal vessels.	79%	11%	11%	INCLUDE
30		Sciatic nerve block (Transgluteal approach)	90%	7%	3%	INCLUDE	Injection of the sciatic nerve deep to the gluteus maximus muscle.	96%	1%	3%	INCLUDE
31	a	Sciatic nerve block (Infragluteal approach)	86%	7%	7%	INCLUDE	Injection of the sciatic nerve at the midthigh region distal to the inferior border of the gluteus maximus muscle.	87%	5%	8%	INCLUDE
32		Sciatic nerve block (Anterior approach)	94%	5%	1%	INCLUDE	Injection of the sciatic nerve between the adductor magnus anteriorly and gluteus maximus or biceps femoris muscles.	93%	3%	4%	INCLUDE
33	a	Popliteal sciatic nerve block OR	54%	11%	35%	ROUND 3	Injection of the sciatic nerve at or near the point of bifurcation in the popliteal fossa	91%	1%	8%	INCLUDE
	b	Sciatic nerve block at the popliteal fossa	58%	7%	35%	ROUND 3		86%	0%	14%	INCLUDE
34	a	Selective tibial nerve block OR	39%	10%	51%	ROUND 3	Injection of the tibial nerve distal to the sciatic nerve bifurcation	96%	3%	1%	INCLUDE
	b	Tibial nerve block at the popliteal fossa	73%	7%	19%	ROUND 3					
35	a	Posterior tibial nerve block OR	26%	8%	66%	EXCLUDE	Injection of the posterior tibial nerve proximal to medial malleolus, the tendons of the tibialis anterior and flexor digitorum profundus are anterior to the nerve and gastrocnemius-soleus posterior to it . The posterior tibial artery and the tendon of flexor hallucis longus lie deep to the nerve, often with two small veins on either side of the artery.	39%	6%	55%	ROUND 3
	b	Tibial nerve block at the ankle	81%	5%	14%	INCLUDE	Injection at the tibial nerve proximal to medial malleolus, the tendons of the tibialis anterior and flexor digitorum profundus are anterior to the nerve and gastrocnemius-soleus posterior to it. The posterior tibial artery and the tendon of flexor hallucis longus lie deep to the nerve, often with two small veins on either side of the artery.	60%	9%	31%	ROUND 3
36		Nerve to vastus medialis block	84%	8%	7%	INCLUDE	Injection of the nerve to vastus medialis where it is located deep to the sartorious and lateral to the sahenous nerve and femoral vessles in the femoral triangle	79%	13%	8%	INCLUDE

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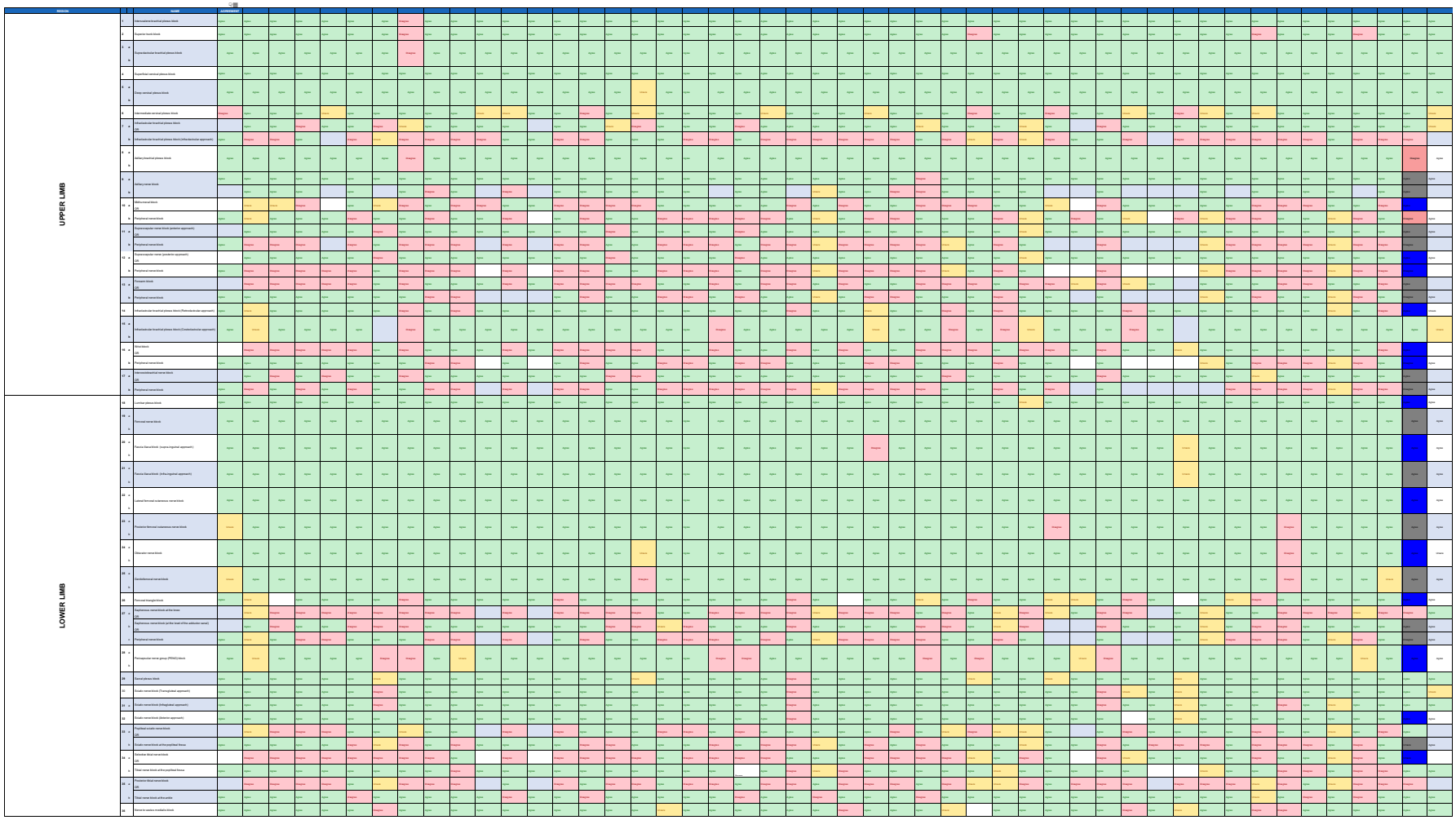
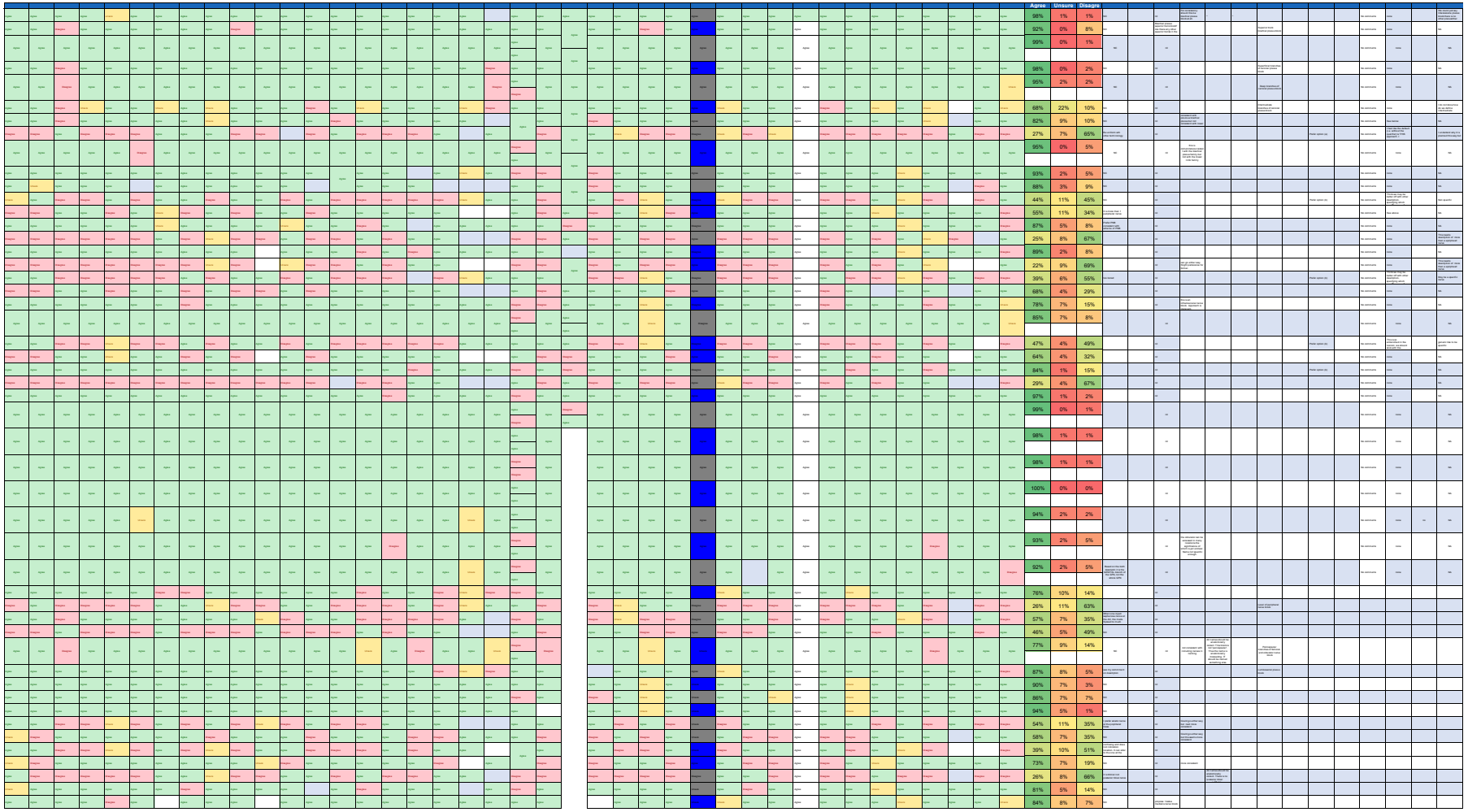
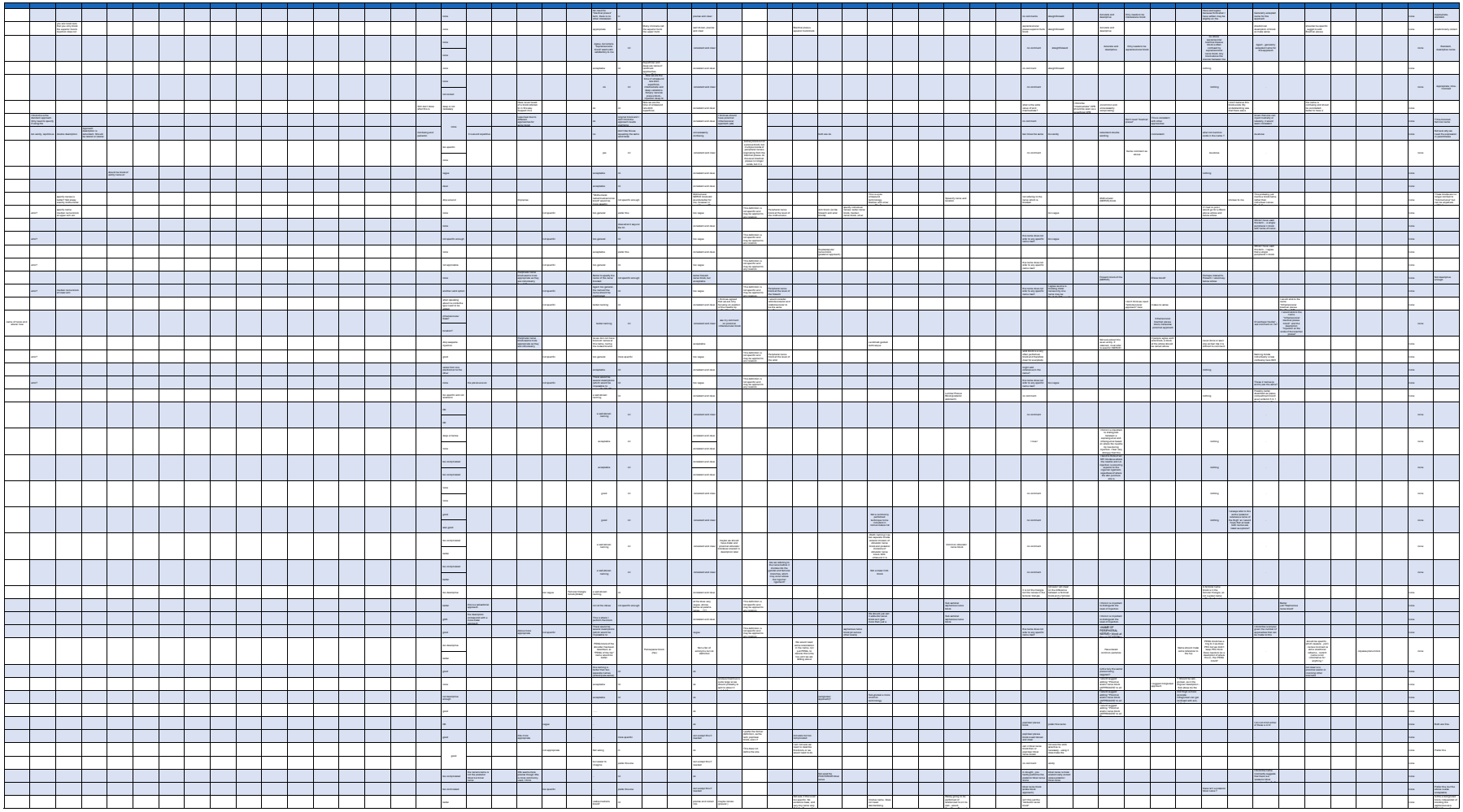
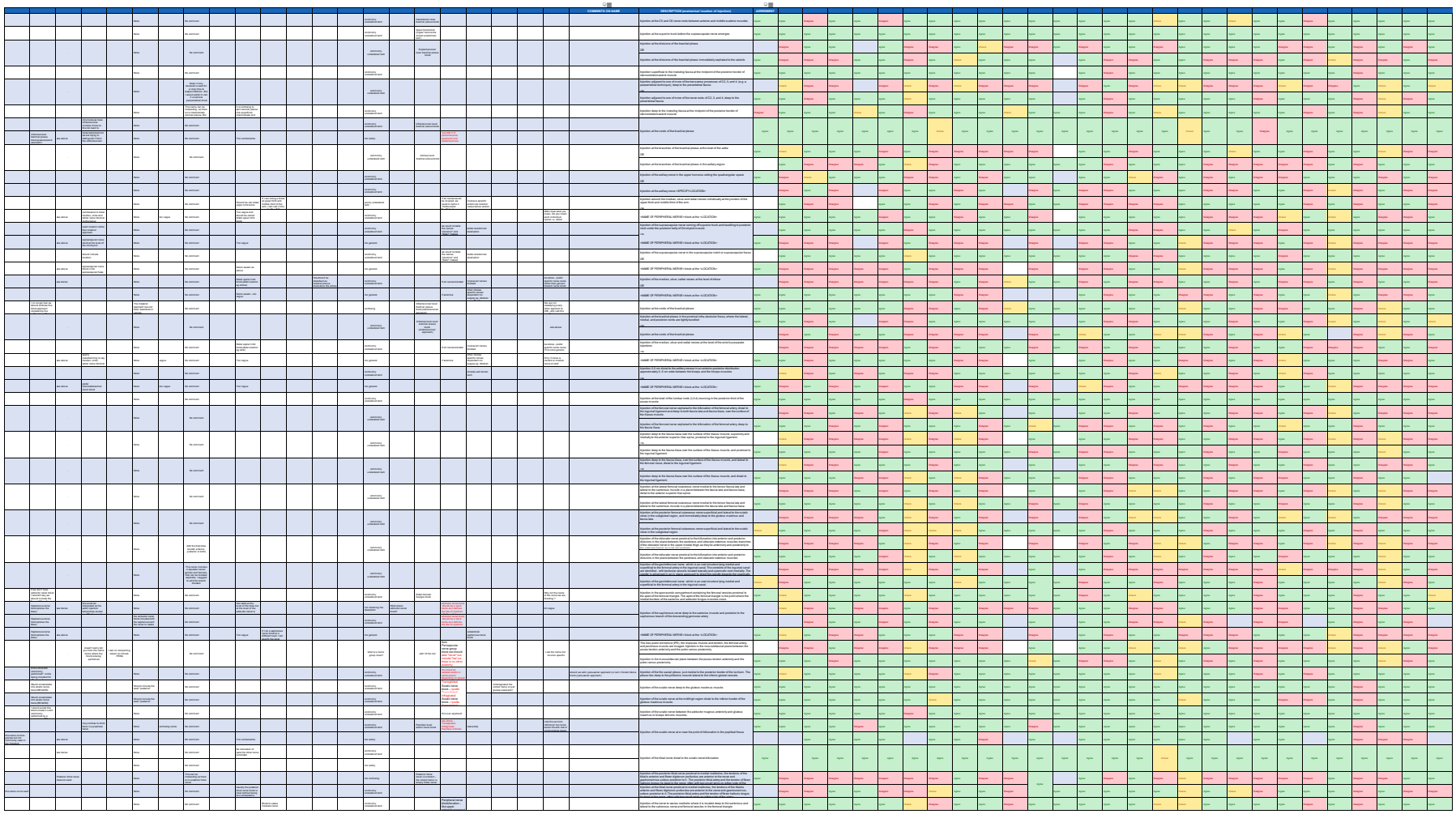
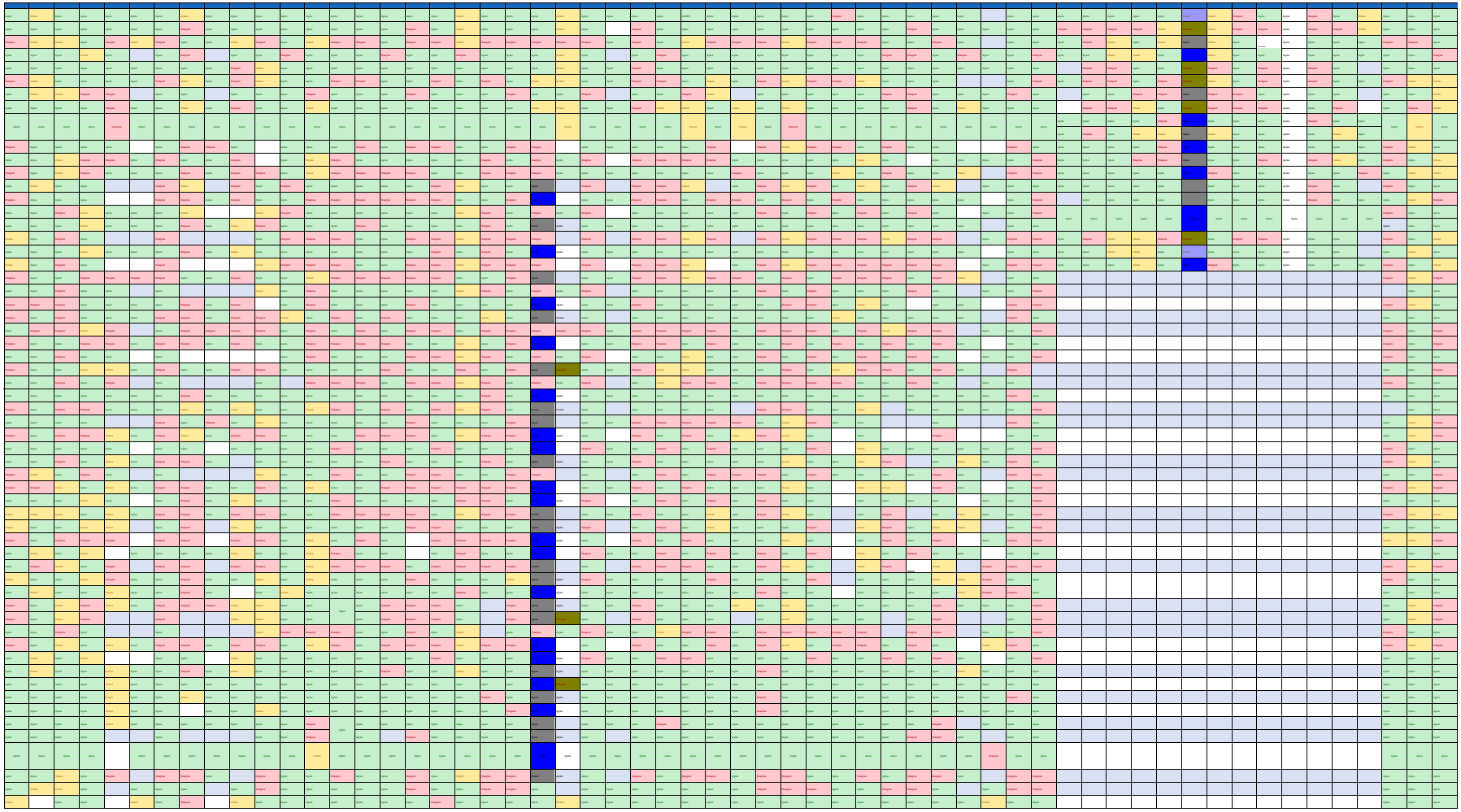
Delphi study: ROUND 2

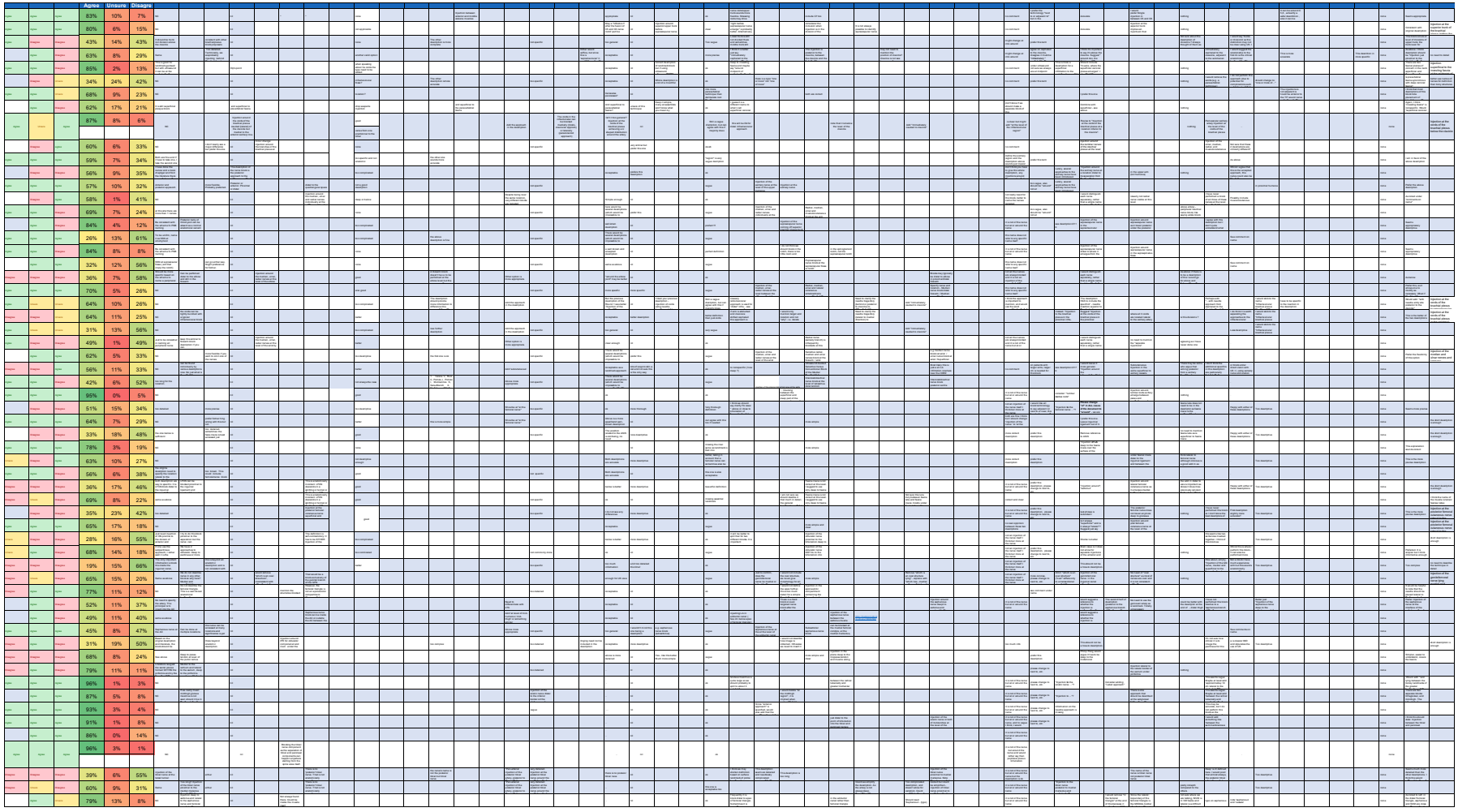


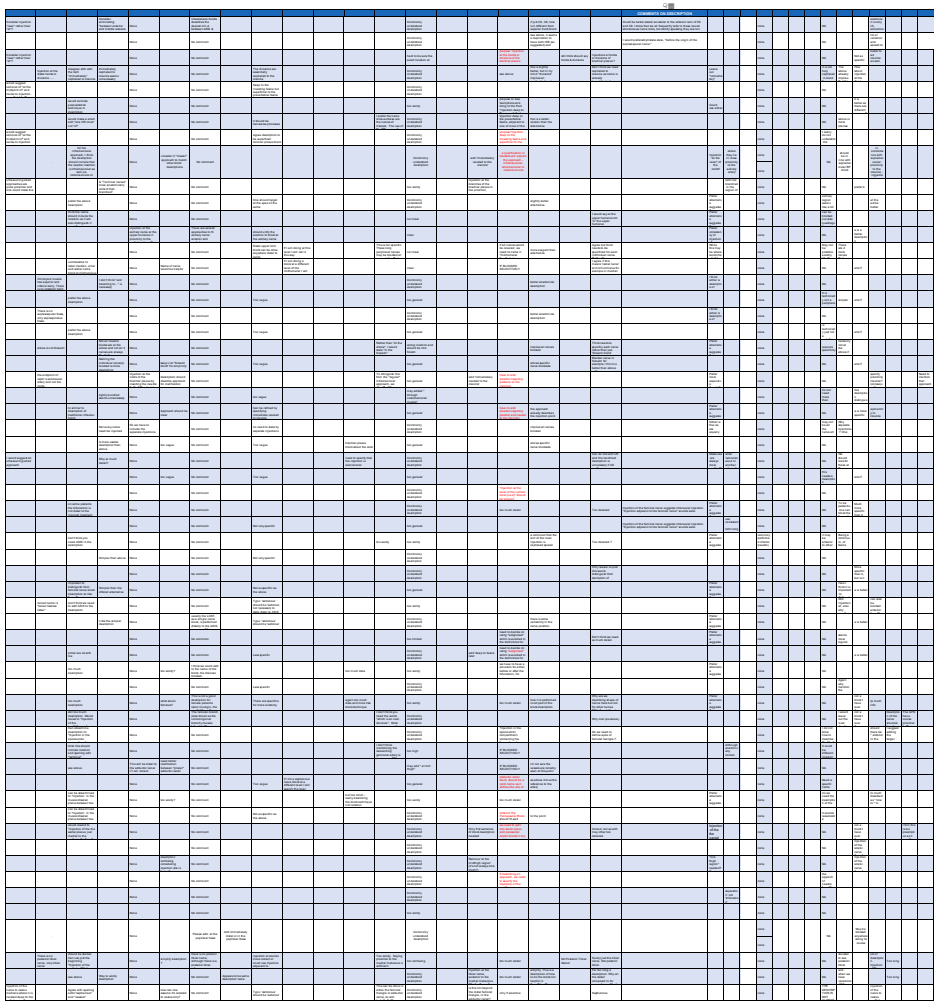

Agree
Unsure
Disagree











			Yes	Unsure	No
CLARIFYING QUESTION 1	**PERIPHERAL NERVE BLOCKS**	Should this Delphi study achieve consensus for names and anatomical descriptions of every individual peripheral nerve block?	42	10	32

			Yes	Unsure	No
CLARIFYING QUESTION 2	**PERIPHERAL NERVE BLOCKS**	Should names be presented as <NAME OF NERVE> block at the <LOCATION>	64	13	7

Are there any further comments or suggestions you would like to make?
I would change the language of the question to (Should this Delphi study achieve consensus for names and anatomical descriptions of every individual peripheral nerve block in every single location?), if this is the case, I would say (YES, AGREE)
No - thanks for all the hard work team!
I think given the broad, expert nature of this study, a definitive conclusion ought to be reached for all blocks
Add back adductor canal block as it is it widely used and the name is descriptive enough and accurate - variable nerve branches found there and local spreads variable to even more beyond site of injection; also, please,consider including back iPACK, possibly under another name "posterior knee pericapsular block" similar to the suggestion for a better PENG block name (with all my respect to Philipp and Sanjay, respectively!)
We should limit the descriptions of how the scanning is perforomed and what structures should be seen to orientate one's self. The block descriptions should simply refer to the structures targeted.
The use of "peripehralnerve" as a descriptor is appropriate for most small peripehral nerves that are usually part of a multi-nerve approach. When the peripheral nerve is important enough as a single interevention, it is OK to name it. E.g.: Femoral nerve block and sciatic nerve block.
Unfortuneately the intoduction of ultrasound has lead to a blending of the various blocks we perform and these descriptiopns often only serve as guide to the ultimate needle position. We need to ensure clarity of desired effect and match our early landmark approaches to this desired effect very often in clinical practice.
This Delphi survey does not have to include every single one of the peripheral nerve block but the majority of it which are widely used. Those blocks presented as name of nerve block at the location should be the ones which have several locations that can commonly be blocked eg. sciatic, infraclavicular and fascia iliaca blocks.
Some of the descriptions are very detailed and wordy. Is it possible to refine the descriptions without losing the message?
No, this is coming together nicely
I would suggest to add the following block: NAME: "Cervical supraclavicular nerve block" DESCRIPTION: Injection on the cervical supraclavicular nerve or its branches at the level C6/C7 superficial to scalenus medius or scalenus anterior muscles and superficial to cervical investing fascia
If we are going to the extent of defining the axillary nerve block, intercostobrachial nerve block, and other peripheral nerves in isolation, should we consider inclusion of musculocutaneous nerve block and medial brachial cutaneous nerve block as well? -Unlike the truncal block project with many blocks similar or within millimeters apart, there is less of that need in UE and LE blocks to be so strictly anatomical with our discussion and I appreciate that we consider historically described and widely used regional techniques. We risk losing the common language across disciplines by making discussions more difficult, confusing, and complicated between surgeons and anesthesiologists/anaesthetists if we go too strongly anatomical. I can imagine confusion if the surgeon is requesting an adductor canal block and I complicate the discussion with stating "you mean the saphenous nerve block above the knee?"
No. I would like to finish my reference in the Comments section of number 36, Nerve to Vastus Medialis block (this should be Bendtsen, RAPM 2016;711).
some blocks need a more accuarte anatmical refrecne , for example PENG
I like the simplicity for single peripheral n blocks of naming the nerve blocked and the approach used eg 'saphenous nerve block' and 'perivenous approach proximal to medial malleolus'
Is tricky this naming buisness, as some of the charm of regional is the history which is very much in the name. A lion is Panthero Leo a Human Homo sapiens, we are creating a taxonomy rather than changing the name. Reckon we will always call the peng a peng and PEC ESP Axilary interscalene won't leave us. So recognise the history and retain names such as PENG and PEC but acknoledge that a taxonomy should exist, this may be more easy to agree on eg nterscalene would be USG C5-C6 root nerve block where as an ICB would lead to a Landmark intercostal brachial nerve proximal arm. With regards to the peripheral nerve blocks eg arm, think broad understandings of the concept of what is being achieved by blocking in certain areas eg blocks below the elbow missing the osteotomes and blocks above elbow should catch them, below elbow no use in a trapezectomy.
Please keep consistency and avoid over description
A midfemoral subsartorial saphenus nerve block could have been included
1. main comment is I want to see all the descriptors use the terms: next to, adjacent to, near, etc. (not at the nerve because it sounds like the description is to inject into the nerve - which is never the intent for regional perioperative blocks) 2. the peripheral nerve block at location is a great default description if none of the other terms apply - I suggest we use this in limited fashion as we are trying to standardize nomenclature - however this description is a great default if none of the other block descriptions apply, for clarifying question 1: consensus for every block would be the goal (likely not achievable) clarifying question 2: please see comment 2 above.
where did the ankle block go? Would change "of the nerve " in "injection at or around the nerve" , well known and widely used names like wrist block or ankle block can be used, otherwise I would refer to the nerve or plexus as much as possible
Infraclavicular brachial plexus block (Retroclavicular approach) and Infraclavicular brachial plexus block (Costoclavicular approach) cannot be defined without defining needle tragetory. That is what differerentiates these blocks from conventional infraclavicular block.
I think there has to be some leeway with the description. There are anatomic variants out there. And some descriptions are muchmore detailed than others, so it does not appear uniform.
I think it is too late to get rid of "adductor canal block" name as well as IPACK block
Regarding clarifying question 1 - I think this work should strive for consensus for names and anatomical descriptions for every individual nerve block. For many the solution will be easy and is as you have suggested - name of nerve and location.
Although easier, writing "peripheral nerve block" to every individual nerve block would be confusing.
What about fibular nerves (superficial and deep) and dural nerve blocks ant the ankle

I noticed that the superomedial and superolateral genicular nerve definition was already defined.
However, can you forward my comment to the committee as I think it is a big mistake.
First, there are quite a few vessel there but SMGA is not the most prevalent one. The expectation to see a vessel there is SMGA is completely wrong. See my article enclosed
Second, The SMGA is not always running in short axis to the femur and is not a reliable marker. As described in the literature and our publication, there are three branches of SMGA and only 1 or 3 are running in short axis to the femur.
Third, quite often we see two vessel there and how can you determine which one is SMGA.

what makes this all undertaken dificultg is that with the usae of ultrasound it is very dificult to propose a nomeclature that account for both a 'landmartk" and an US approach

What is probably confusing is how to deal with the combination blocks (e.g. wrist, forearm, mid-humeral, ankle). Perhaps the PNB nomenclature should be accepted then combinations should be separately defined as a combination of multiple PNBs.
Some of the description mentioned imaging techniques which is not in line of the anatomical location of the injection. Ifeel we should stick to what ever we decide and not go to and fro..
I wasn't in the lowerl imb group--did we get rid of adductor canal? Also, what about the other 4 nerves of the ankle block? Don't see those there, just the tibial nerve. The rest are commonly blocked with ultrasound, so just want to make sure we're including them.
we might be pas the point of no return but we ar drifting in an inconsistent direction with naming. Last delphi repaced names like TeQuiLa block with more descriptive of location. Should yhis not apply to PENG? Also e seem to be preferring sciatic nerve at <???> for lower extremity but <???> brachial plexus for uper. This is not consistent and should be if we want to effect change and understanding.

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Delphi study ROUND 2

Instructions

For each block, please state whether you **agree, disagree** or are **unsure** about the provided **NAME** and **DESCRIPTION** (anatomical location of injection).

Please provide comments (+/-references) and if you disagree, please provide an alternative **NAME** or **DESCRIPTION** (anatomical location of injection). [NOTE YOU CAN DISAGREE WITH NAME BUT AGREE WITH DESCRIPTION OR VICE VERSA]

STATUS INCOMPLETE

REGION			NAME	AGREEMENT (Complete)	COMMENTS ON NAME (Complete)	DESCRIPTION (anatomical location of injection)	AGREEMENT (Complete)	COMMENTS ON DESCRIPTION (Complete)
UPPER LIMB	1		Interscalene brachial plexus block			Injection at the C5 and C6 nerve roots between anterior and middle scalene muscles		
	2		Superior trunk block			Injection at the superior trunk before the suprascapular nerve emerges		
	3	a	Supraclavicular brachial plexus block			Injection at the divisions of the brachial plexus OR		
		b				Injection at the divisions of the brachial plexus immediately cephalad to the calvicle		
	4		Superficial cervical plexus block			Injection superficial to the investing fascia at the midpoint of the posterior border of sternocleidomastoid muscle		
	5	a	Deep cervical plexus block			Injection adjacent to one of more of the transverse processes of C2, 3, and 4. (e.g. a paravertebral technique), deep to the prevertebral fascia OR		
		b				Injection adjacent to one of more of the nerve roots of C2, 3, and 4, deep to the prevertebral fascia		
	6		Intermediate cervical plexus block			Injection deep to the investing fascia at the midpoint of the posterior border of sternocleidomastoid muscle		
	7	a	Infraclavicular brachial plexus block OR			Injection at the cords of the brachial plexus		
		b	Infraclavicular brachial plexus block (infraclavicular approach)					
	8	a	Axillary brachial plexus block			Injection at the branches of the brachial plexus at the level of the axilla OR		
		b				Injection at the branches of the brachial plexus in the axillary region		
	9	a	Axillary nerve block			Injection of the axillary nerve in the upper humerus exiting the quadrangular space OR		
		b				Injection at the axillary nerve <SPECIFY LOCATION>		
	10	a	Midhumeral block OR			Injection around the median, ulnar and radial nerves individually at the junction of the upper third and middle third of the arm. OR		
		b	Peripheral nerve block			<NAME OF PERIPHERAL NERVE> block at the <LOCATION>		
	11	a	Suprascapular nerve block (anterior approach) OR			Injection of the suprascapular nerve coming off superior trunk and travelling to posterior neck under the posterior belly of Omohyoid muscle OR		
		b	Peripheral nerve block			<NAME OF PERIPHERAL NERVE> block at the <LOCATION>		
	12	a	Suprascapular nerve (posterior approach) OR			Injection of the suprascapular nerve in the suprascapular notch or suprascapular fossa OR		
		b	Peripheral nerve block			<NAME OF PERIPHERAL NERVE> block at the <LOCATION>		
	13	a	Forearm block OR			Injection of the median, ulnar, radial nerves at the level of elbow OR		
		b	Peripheral nerve block			<NAME OF PERIPHERAL NERVE> block at the <LOCATION>		
	14		Infraclavicular brachial plexus block (Retroclavicular approach)			Injection at the cords of the brachial plexus		

	15 a	Infraclavicular brachial plexus block (Costoclavicular approach)			Injection at the brachial plexus in the proximal infra-clavicular fossa, where the lateral, medial, and posterior cords are tightly bundled OR		
	b				Injection at the cords of the brachial plexus		
	16 a	Wrist block OR			Injection of the median, ulnar and radial nerves at the level of the wrist by separate injections OR		
	b	Peripheral nerve block			<NAME OF PERIPHERAL NERVE> block at the <LOCATION>		
	17 a	Intercostobrachial nerve block OR			Injection 2-3 cm distal to the axillary crease in an anterior-posterior distribution approximately 3 -5 cm wide between the biceps and the triceps muscles OR		
	b	Peripheral nerve block			<NAME OF PERIPHERAL NERVE> block at the <LOCATION>		
LOWER LIMB	18	Lumbar plexus block			Injection at the level of the lumbar roots (L2-4) coursing in the posterior third of the psoas muscle		
	19 a	Femoral nerve block			Injection of the femoral nerve cephalad to the bifurcation of the femoral artery, distal to the inguinal ligament and deep to both fascia lata and fascia iliaca, over the surface of the iliacus muscle.		
	b				Injection of the femoral nerve cephalad to the bifurcation of the femoral artery, deep to the fascia iliaca		
	20 a	Fascia iliaca block (supra-inguinal approach)			Injection deep to the fascia iliaca over the surface of the iliacus muscle, superiorly and medially to the anterior superior iliac spine, proximal to the inguinal ligament. OR		
	b				Injection deep to the fascia iliaca over the surface of the iliacus muscle, and proximal to the inguinal ligament.		
	21 a	Fascia iliaca block (infra-inguinal approach)			Injection deep to the fascia iliaca, over the surface of the iliacus muscle, and lateral to the femoral nerve, distal to the inguinal ligament. OR		
	b				Injection deep to the fascia iliaca over the surface of the iliacus muscle, and distal to the inguinal ligament.		
	22 a	Lateral femoral cutaneous nerve block			Injection at the lateral femoral cutaneous nerve medial to the tensor fascia lata and lateral to the sartorious muscle in a plane between the fascia lata and fascia iliaca, distal to the anterior superior iliac spine.		
	b				Injection at the lateral femoral cutaneous nerve medial to the tensor fascia lata and lateral to the sartorious muscle in a plane between the fascia lata and fascia iliaca.		
	23 a	Posterior femoral cutaneous nerve block			Injection at the posterior femoral cutaneous nerve superficial and lateral to the sciatic nerve in the subgluteal region, and immediately deep to the gluteus maximus and fascia lata. OR		
	b				Injection at the posterior femoral cutaneous nerve superficial and lateral to the sciatic nerve in the subgluteal region		
	24 a	Obturator nerve block			Injection of the obturator nerve proximal to the bifurcation into anterior and posterior divisions in the plane between the pectineus and obturator externus muscles branches of the obturator nerve in the upper medial thigh as they lie anteriorly and posteriorly to the adductor brevis muscle respectively		
	b				Injection of the obturator nerve proximal to the bifurcation into anterior and posterior divisions in the plane between the pectineus and obturator externus muscles		
	25 a	Genitofemoral nerve block			Injection of the genitofemoral nerve which is an oval structure lying medial and superficial to the femoral artery in the inguinal canal. The contents of the inguinal canal are identified , with testicular vessels located laterally and spermatic cord medially. The needle is advanced in an in-plane approach to direct the needle towards the spermatic cord to block the genital branch		
	b				Injection of the genitofemoral nerve which is an oval structure lying medial and superficial to the femoral artery in the inguinal canal.		
	26	Femoral triangle block			Injection in the aponeurotic compartment containing the femoral vessles proximal to the apex of the femoral triangle. The apex of the femoral triangle is the point where the medial borders of the sartorius and adductor longus muscles cross.		
	27 a	Saphenous nerve block at the knee OR			Injection of the saphenous nerve deep to the satrorius muscle and posterior to the saphenous branch of the descending genicular artery		
	b	Saphenous nerve block (at the level of the adductor canal) OR					
	c	Peripheral nerve block			<NAME OF PERIPHERAL NERVE> block at the <LOCATION>		
	28 a	Pericapsular nerve group (PENG) block			The ilieo-pubic eminence (IPE), the iliopsoas muscle and tendon, the femoral artery, and pectineus muscle are imaged. Injection in the musculofascial plane between the psoas tendon anteriorly and the pubic ramus posteriorly.		
	b				Injection in the musculofascial plane between the psoas tendon anteriorly and the pubic ramus posteriorly.		
	29	Sacral plexus block			Injection of the the sacral plexus just medial to the posterior border of the ischium. The plexus lies deep to the piriformis muscle lateral to the inferior gluteal vessels.		

30		Sciatic nerve block (Transgluteal approach)			Injection of the sciatic nerve deep to the gluteus maximus muscle.		
31	a	Sciatic nerve block (Infragluteal approach)			Injection of the sciatic nerve at the midthigh region distal to the inferior border of the gluteus maximus muscle.		
32		Sciatic nerve block (Anterior approach)			Injection of the sciatic nerve between the adductor magnus anteriorly and gluteus maximus or biceps femoris muscles.		
33	a	Popliteal sciatic nerve block OR			Injection of the sciatic nerve at or near the point of bifurcation in the popliteal fossa		
	b	Sciatic nerve block at the popliteal fossa					
34	a	Selective tibial nerve block OR			Injection of the tibial nerve distal to the sciatic nerve bifurcation		
	b	Tibial nerve block at the popliteal fossa					
35	a	Posterior tibial nerve block OR			Injection of the posterior tibial nerve proximal to medial malleolus, the tendons of the tibialis anterior and flexor digitorum profundus are anterior to the nerve and gastrocnemius-soleus posterior to it . The posterior tibial artery and the tendon of flexor hallucis longus lie deep to the nerve, often with two small veins on either side of the artery.		
	b	Tibial nerve block at the ankle			Injection at the tibial nerve proximal to medial malleolus, the tendons of the tibialis anterior and flexor digitorum profundus are anterior to the nerve and gastrocnemius-soleus posterior to it. The posterior tibial artery and the tendon of flexor hallucis longus lie deep to the nerve, often with two small veins on either side of the artery.		
36		Nerve to vastus medialis block			Injection of the nerve to vastus medialis where it is located deep to the sartorious and lateral to the sahenous nerve and femoral vessles in the femoral triangle		

COMMENTS	Are there any further comments or suggestions you would like to make?		

Complete

CLARIFYING QUESTION 1	**PERIPHERAL NERVE BLOCKS**	Should names be presented as <NAME OF NERVE> block at the <LOCATION>	
CLARIFYING QUESTION 2	**PERIPHERAL NERVE BLOCKS**	If we establish principles for naming blocks especially for long nerves, should we have consensus on names and anatomical descriptions of all peripheral nerve blocks?	

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Delphi study **Round 2 Rationale**

REGION			Rationale	NAME	DESCRIPTION (anatomical location of injection)	Rationale
UPPER LIMB	1		***Weak consensus (71%), but in keeping with Clarifying question 1.***	Interscalene brachial plexus block	Injection at the C5 and C6 nerve roots between anterior and middle scalene muscles	Simplify the description whilst maintaining key anatomical landmarks. No strong consensus for previous descriptions.
	2		***Highest agreement with superior trunk block (73%), but weak consensus.***	Superior trunk block	Revision: Injection at the superior trunk before the suprascapular nerve emerges	Simplify the description while maintaining anatomical landmarks. Weak consensus (73%) for previous descriptions.
	3	a	***Strong consensus (76%). No changes***	Supraclavicular brachial plexus block	Injection at the divisions of the brachial plexus	Simplify the description whilst maintaining key anatomical landmarks. No strong consensus for previous descriptions.
		b			Injection at the divisions of the brachial plexus immediately cephalad to the calvicle	Simplify the description whilst maintaining anatomical landmarks. No strong consensus for previous descriptions.
	4		***Strong consensus (90%). No changes.***	Superficial cervical plexus block	Injection superficial to the investing fascia at the midpoint of the posterior border of sternocleidomastoid muscle	Strong consensus (85%). No changes.
	5	a	***Strong consensus (85%). No changes.***	Deep cervical plexus block	Injection adjacent to one of more of the transverse processes of C2, 3, and 4. (e.g. a paravertebral technique), deep to the prevertebral fascia	Proposal to simplify the description whilst maintaining key anatomical landmarks, despite previously strong consensus (89%).
		b			Revision: Injection adjacent to one of more of the nerve roots of C2, 3, and 4, deep to the prevertebral fascia	
	6		***Weak consensus (51%) but no changes.***	Intermediate cervical plexus block	Injection deep to the investing fascia at the midpoint of the posterior border of sternocleidomastoid muscle	Simplify the description whilst maintaining key anatomical landmarks. No strong consensus for previous descriptions.
	7	a	***Strong consensus (78%), but given needle tip location is similar to other techniques (costoclavicular and retroclavicular), proposal to harmonize nomenclature.***	Infraclavicular brachial plexus block	Injection at the cords of the brachial plexus	Simplify the description whilst maintaining key anatomical landmarks. No strong consensus for previous descriptions.
		b		Infraclavicular brachial plexus block (infraclavicular approach)		
	8	a	***Strong consensus (80%), along with clarifying question 1 support.***	Axillary brachial plexus block	Injection at the branches of the brachial plexus at the level of the axilla	Simplify the descriptions whilst maintaining key anatomical landmarks. No strong consensus for previous descriptions.
		b			Injection at the branches of the brachial plexus in the axillary region	Simplify the descriptions whilst maintaining key anatomical landmarks. No strong consensus for previous descriptions.
	9	a	***Strong consensus (86%). No changes.***	Axillary nerve block	Injection of the axillary nerve in the upper humerus exiting the quadrangular space	Proposal to avoid specifying anatomical descriptions of each individual peripheral nerve block, but provide a template for describing. No strong consensus for previous descriptions.
		b			Injection at the axillary nerve <SPECIFY LOCATION>	
	10	a	***Proposal to avoid specifying names of each individual peripheral nerve block, but provide a template for naming. No strong consensus for Midhumeral block (63%) name.***	Midhumeral block	Injection around the median, ulnar and radial nerves individually at the junction of the upper third and middle third of the arm.	Proposal to avoid specifying anatomical descriptions of each individual peripheral nerve block, but provide a template for describing. Strong consensus (78%) for previous descriptions.
		b		Peripheral nerve block	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	
	11	a	***Strong consensus (82%). Brackets added around 'anterior approach'.***	Suprascapular nerve block (anterior approach)	Injection of the suprascapular nerve coming off superior trunk and travelling to posterior neck under the posterior belly of Omohyoid muscle	Proposal to avoid specifying anatomical descriptions of each individual peripheral nerve block, but provide a template for describing. Strong consensus (87%) for previous descriptions.
		b		Peripheral nerve block	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	
	12	a	***Strong consensus (78%). Brackets added around 'posterior approach'.***	Suprascapular nerve (posterior approach)	Injection of the suprascapular nerve in the suprascapular notch or suprascapular fossa	Proposal to avoid specifying anatomical descriptions of each individual peripheral nerve block, but provide a template for describing. Strong consensus (86%) for previous descriptions.
		b		Peripheral nerve block	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	
	13	a	***Proposal to avoid specifying names of each individual peripheral nerve block, but provide a template for naming. No consensus for Forearm block (46%) name.***	Forearm block	Injection of the median, ulnar, radial nerves at the level of elbow	Proposal to avoid specifying anatomical descriptions of each individual peripheral nerve block, but provide a template for describing. Weak consensus (63%) for previous descriptions.
		b		Peripheral nerve block	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	
	14		***No consensus on names (<50%). Given needle tip location is similar to other techniques (infraclavicular and retroclavicular), proposal to harmonize nomenclature***	Infraclavicular brachial plexus block (Retroclavicular approach)	Injection at the cords of the brachial plexus	Simplify the description whilst maintaining key anatomical landmarks. No strong consensus for previous descriptions.
	15	a	***No consensus on names (<50%). Given needle tip location is similar to other techniques (infraclavicular and costoclavicular), proposal to harmonize nomenclature.***	Infraclavicular brachial plexus block (Costoclavicular approach)	Injection at the brachial plexus in the proximal infra-clavicular fossa, where the lateral, medial, and posterior cords are tightly bundled	Proposal to simplify the description in keeping with other approaches with the same needle-tip end-point, whilst maintaining key anatomical landmarks. Strong consensus for previous descriptions (76% and 82%).
		b			Injection at the cords of the brachial plexus	

	16	a	***Proposal to avoid specifying names of each individual peripheral nerve block, but provide a template for naming. No strong consensus for Wrist block (68%) name.***	Wrist block	Injection of the median, ulnar and radial nerves at the level of the wrist by separate injections	Proposal to avoid specifying anatomical descriptions of each individual peripheral nerve block, but provide a template for describing. Strong consensus (78%) for previous descriptions.
		b		Peripheral nerve block	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	
	17	a	***Proposal to avoid specifying names of each individual peripheral nerve block, but provide a template for naming. Strong consensus for Intercostobrachial nerve block (79%) name.***	Intercostobrachial nerve block	Injection 2-3 cm distal to the axillary crease in an anterior-posterior distribution approximately 3 -5 cm wide between the biceps and the triceps muscles	Proposal to avoid specifying anatomical descriptions of each individual peripheral nerve block, but provide a template for describing. No consensus (≤50%) for previous descriptions.
		b		Peripheral nerve block	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	
LOWER LIMB	18	a	***Strong consensus (88%). No changes***	Lumbar plexus block	Injection at the level of the lumbar roots (L2-4) coursing in the posterior third of the psoas muscle ('trident' technique 'Entry of the block needle into the posterior part of the psoas muscle was initially confirmed by observing subtle contractions of the psoas muscle, as a result of direct muscle stimulation, on	Simplify the description while maintaining key anatomical landmarks. Strong consensus (80%) for previous description.
		b			Revision: Injection at the level of the lumbar roots (L2-4) coursing in the posterior third of the psoas muscle	
	19	a	***Strong consensus (98%). No changes.***	Femoral nerve block	Injection of the femoral nerve cephalad to the bifurcation of the femoral artery, distal to the inguinal ligament and deep to both fascia lata and fascia iliaca, over the surface of the iliacus muscle.	Simplify the description while maintaining key anatomical landmarks. Strong consensus (92%) for previous description.
		b			Revision: Injection of the femoral nerve cephalad to the bifurcation of the femoral artery, deep to the fascia iliaca	
	20	a	***Strong consensus (92%). Placed 'supra-inginal approach' in brackets.***	Fascia iliaca block (supra-inguinal approach)	Injection deep to the fascia iliaca over the surface of the iliacus muscle, superiorly and medially to the anterior superior iliac spine, proximal to the inguinal ligament.	Simplify the description and remove the reference to the anterior superior iliac spine. Strong conesnsus (91%) for previous description.
		b			Revision: Injection deep to the fascia iliaca over the surface of the iliacus muscle, and proximal to the inguinal ligament.	
	21	a	***Strong consensus (88%). Placed 'infra-inginal approach' in brackets.***	Fascia iliaca block (infra-inguinal approach)	Injection deep to the fascia iliaca, over the surface of the iliacus muscle, and lateral to the femoral nerve, distal to the inguinal ligament.	Simplify the description and make it consistent across different approaches. Strong consensus (93%) for previous description.
		b			Revision: Injection deep to the fascia iliaca over the surface of the iliacus muscle, and distal to the inguinal ligament.	
	22	a	***Strong consensus (78%). No changes.***	Lateral femoral cutaneous nerve block	Injection at the lateral femoral cutaneous nerve medial to the tensor fascia lata and lateral to the sartorious muscle in a plane between the fascia lata and fascia iliaca, distal to the anterior superior iliac spine.	Simplify the description while maintaining key anatomical landmarks. Strong consensus (87%) for previous description.
		b			Revision: Injection at the lateral femoral cutaneous nerve medial to the tensor fascia lata and lateral to the sartorious muscle in a plane between the fascia lata and fascia iliaca	
	23	a	***Strong consensus (80%). No changes.***	Posterior femoral cutaneous nerve block	Injection at the posterior femoral cutaneous nerve superficial and lateral to the sciatic nerve in the subgluteal region, and immediately deep to the gluteus maximus and fascia lata.	Simplify the description while maintaining key anatomical landmarks. Weak consensus (59%) for previous description.
		b			Revision: Injection at the posterior femoral cutaneous nerve superficial and lateral to the sciatic nerve in the subgluteal region	
	24	a	***Strong consensus (78%). Harmonized with other obturator nerve block approaches.***	Obturator nerve block	Injection of the obturator nerve proximal to the bifurcation into anterior and posterior divisions in the plane between the pectineus and obturator externus muscles branches of the obturator nerve in the upper medial thigh as they lie anteriorly and posteriorly to the adductor brevis muscle respectively	Simplify the description while maintaining key anatomical landmarks. Strong consensus (81%) for previous description.
		b			revision: Injection of the obturator nerve proximal to the bifurcation into anterior and posterior divisions in the plane between the pectineus and obturator externus	
	25	a	***Strong consensus (87%). No changes.***	Genitofemoral nerve block	Injection of the genitofemoral nerve which is an oval structure lying medial and superficial to the femoral artery in the inguinal canal. The contents of the inguinal canal are identified , with testicular vessels located laterally and	Simplify the anatomical description and make it conform to both males and females. Weak consensus for previous description (57%)
		b			Revision: Injection of the genitofemoral nerve which is an oval structure lying medial and superficial to the femoral artery in the inguinal canal.	
	26		***Weak consensus (60%), but proposal to harmonize with distal femoral triangle block, subsartorial femoral nerve block in the femoral triangle, and proximal adductor canal block***	Femoral triangle block	Injection in the aponeurotic compartment containing the femoral vessels proximal to the apex of the femoral triangle. The apex of the femoral triangle is the point where the medial borders of the sartorius and adductor longus muscles cross	Weak consensus (71%) but may achieve strong consensus once harmonized with distal femoral triangle block, subsartorial femoral nerve block in the femoral triangle, and proximal adductor canal
	27	a	***Weak consensus (74%). Alternative provided. Proposal to avoid specifying names of each individual peripheral nerve block, but provide a template for naming.***	Saphenous nerve block at the knee	Injection of the saphenous nerve deep to the satrorius muscle and posterior to the saphenous branch of the descending genicular artery	Proposal to avoid specifying anatomical descriptions of each individual peripheral nerve block, but provide a template for describing. Weak consensus (69%) for previous descriptions.
		b		Saphenous nerve block (at the level of the adductor canal)		
		c		Peripheral nerve block	<NAME OF PERIPHERAL NERVE> block at the <LOCATION>	
	28	a	***Strong consensus (75%). No changes.***	Pericapsular nerve group (PENG) block	The ilieo-pubic eminence (IPE), the iliopsoas muscle and tendon, the femoral artery, and pectineus muscle are imaged. Injection in the musculofascial plane between the psoas tendon anteriorly and the pubic ramus posteriorly.	Simplify the anatomical description while preserving all the anatomical references. Strong consensus (90%) for previous description.
		b			Revision: Injection in the musculofascial plane between the psoas tendon anteriorly and the pubic ramus posteriorly.	
	29		***Weak consensus for parasacral block (67%), no consensus for sacral plexus (lateral approach) (45%). Harmonized to Sacral plexus block.***	Sacral plexus block	Injection of the the sacral plexus just medial to the posterior border of the ischium. The plexus lies deep to the piriformis muscle lateral to the inferior gluteal vessels.	Weak consensus (70%) but may achieve consensus with harmonized name.
	30		***Weak consensus for parasacral block (67%), no consensus for sacral plexus (lateral approach) (45%). Harmonized to Sciatic nerve block (Transgluteal approach) in accordance with clarifying question 2***	Sciatic nerve block (Transgluteal approach)	Injection of the sciatic nerve deep to the gluteus maximus muscle.	Weak consensus (73%) but may achieve consensus with harmonized name.

	31	a	***Weak consensus for Infragluteal sciatic nerve block (57%), and sciatic block in the mid thigh (73%). Harmonized to Sciatic nerve block (Infragluteal approach) allows similarity in anatomical location and***	Sciatic nerve block (Infragluteal approach)	Revision: Injection of the sciatic nerve at the midthigh region distal to the inferior border of the gluteus maximus muscle.	Weak consensus (70%) but may achieve consensus with harmonized name. Revised to reflect distal location of block.
	32		***Strong consensus (81%). Placed 'anterior approach' in brackets as per clarifying question.***	Sciatic nerve block (Anterior approach)	Injection of the sciatic nerve between the adductor magnus anteriorly and gluteus maximus or biceps femoris muscles.	Strong consensus (76%). No changes
	33	a	***Strong consensus (90%) but proposal to revise to be consistent with Clarifying question 3.***	Popliteal sciatic nerve block	Injection of the sciatic nerve at or near the point of bifurcation in the popliteal fossa	Strong consensus (89%). No changes
		b		Sciatic nerve block at the popliteal fossa		
	34	a	***Weak consensus (70%) but proposal to revise to be consistent with Clarifying question 3***	Selective tibial nerve block	Injection of the tibial nerve distal to the sciatic nerve bifurcation	Strong consensus (88%). No changes
		b		Tibial nerve block at the popliteal fossa		
	35	a	***Strong consensus (76%) but proposal to revise to be consistent with Clarifying question 3 and to clarify that there is no posterior tibial nerve***	Posterior tibial nerve block	Injection of the posterior tibial nerve proximal to medial malleolus, the tendons of the tibialis anterior and flexor digitorum profundus are anterior to the nerve and gastrocnemius-soleus posterior to it . The posterior tibial artery and the tendon of flexor hallucis longus lie deep to the nerve, often with two small	Revised to reflect the change of the name of the nerve from posterior tibial to tibial nerve, despite strong consensus (76%).
		b		Tibial nerve block at the ankle	Injection at the tibial nerve proximal to medial malleolus, the tendons of the tibialis anterior and flexor digitorum profundus are anterior to the nerve and gastrocnemius-soleus posterior to it. The posterior tibial artery and the tendon of flexor hallucis longus lie deep to the nerve, often with two small	
	36		***New proposal***	Nerve to vastus medialis block	Injection of the nerve to vastus medialis where it is located deep to the sartorious and lateral to the sahenous nerve and femoral vessles in the femoral triangle	

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Delphi stu Round 1 RESULTS

REGION		NAME	Agree	Unsure	Disagree	Decision (Name)	DESCRIPTION (anatomical location of injection)	Agree	Unsure	Disagree	Decision (Anatomical description)
UPPER LIMB	1	Interscalene block	66%	3%	31%	HARMONISE: with interscalene brachial plexus	Injection around C5 and C6 nerve roots below C6 level in the interscalene groove.	47%	13%	40%	REVISE: Injection at the C5 and C6 nerve roots between anterior and middle scalene muscles
	2	Interscalene block	68%	4%	27%	HARMONISE: with interscalene brachial plexus	Injection within the brachial plexus sheath in between the C5 and C6 nerve roots.	37%	11%	52%	REVISE: Injection at the C5 and C6 nerve roots between anterior and middle scalene muscles
	3	Interscalene block	62%	4%	34%	HARMONISE: with interscalene brachial plexus	Injection 4 mm lateral to the brachial plexus sheath, at a level equidistant between C5 and C6 roots.	19%	12%	69%	REVISE: Injection at the C5 and C6 nerve roots between anterior and middle scalene muscles
	4	Interscalene brachial plexus block	71%	9%	20%	ACCEPT	Injection at the C5 and C6 nerve roots	54%	9%	36%	REVISE: Injection at the C5 and C6 nerve roots between anterior and middle scalene muscles
	5	Interscalene block	66%	7%	27%	HARMONISE: with interscalene brachial plexus	Injection 1–2 mm lateral to the C5–C6 root at the interscalene groove	32%	14%	54%	REVISE: Injection at the C5 and C6 nerve roots between anterior and middle scalene muscles
	6	Posterior interscalene block	26%	11%	63%	HARMONISE: with interscalene brachial plexus	Injection at the posterior aspect of the brachial plexus at the C5/C6 level	45%	13%	42%	REVISE: Injection at the C5 and C6 nerve roots between anterior and middle scalene muscles
	7	C5,C6 nerve root block	35%	7%	58%	EXCLUDE: area for further research	Injection around C5 and C6 nerve roots	71%	4%	24%	EXCLUDE: area for further research
	8	Superior trunk block	84%	7%	10%	ACCEPT	Injection at the superior trunk after the fusion of C5 and C6 nerve roots outside interscalene goove before the suprascapular nerve originates	73%	9%	18%	REVISE: Injection at the superior trunk DISCUSS WITH STEERING GROUP
	9	Superior trunk block	75%	7%	19%	ACCEPT	Injection in the anterior part of the superior trunk	10%	13%	77%	REVISE: Injection at the superior trunk after the fusion of C5 and C6 nerve roots before the suprascapular nerve emerges DISCUSS WITH STEERING GROUP
	10	Upper trunk block	34%	10%	56%	HARMONISE: with superior trunk block	Injection at the superior trunk after the fusion of C5 and C6 nerve roots outside interscalene goove before the suprascapular nerve originates	62%	14%	23%	REVISE: Injection at the superior trunk before the suprascapular nerve emerges DISCUSS WITH STEERING GROUP
	11	Supraclavicular block	51%	9%	41%	HARMONISE: with supraclavicular brachial plexus	Injection outside the plexus including the corner pocket above the first rib.	27%	17%	57%	HARMONISE: with BELOW
	12	Supraclavicular brachial plexus block	76%	8%	16%	ACCEPT	Injection around the divisions and trunks of the brachial plexus	63%	9%	28%	REVISE: Injection at the divisions of the brachial plexus
	13	Supraclavicular brachial plexus nerve block	33%	15%	52%	HARMONISE: with supraclavicular brachial plexus	Injection within the brachial plexus sheath posterior to the subclavian artery and around the trunks and divisions of the brachial plexus	71%	11%	18%	REVISE: Injection at the divisions of the brachial plexus immediately cephalad to the calvicle
	14	Cervical plexus block	43%	19%	38%	EXCLUDE: Superficial or Deep	Injection superficial, deep or intermediate based on the relationship to sternocleidomastoid at the level of C4 Erb's point	36%	22%	42%	EXCLUDE: Superficial or Deep
	15	Superficial cervical plexus block	90%	3%	7%	ACCEPT	Injection superficial to the investing fascia at the midpoint of the posterior border of sternocleidomastoid muscle	85%	9%	7%	ACCEPT: Injection superficial to the investing fascia at the midpoint of the posterior border of sternocleidomastoid muscle
	16	Anterior cervical cutaneous branches block of cervical plexus	25%	23%	52%	EXCLUDE: area for further research	Injection from the midpoint of sternocleidomastoid muscle to the clavicular head attachment subcutaneously	37%	33%	30%	EXCLUDE: area for further research
	17	Deep cervical plexus block	85%	11%	4%	ACCEPT	Injection adjacent to one of more of the transverse processes of C2, 3, and 4. (e.g. a paravertebral technique), deep to the prevertebral fascia	89%	7%	4%	Injection adjacent to one of more of the transverse processes of C2, 3, and 4, deep to the prevertebral fascia Injection adjacent to one of more of the nerve roots of C2, 3, and 4. S WITH STEERI NG
	18	Intermediate cervical plexus block	51%	27%	22%	ACCEPT	Injection deep to investing fascia of neck, but superficial to prevertebral fascia	63%	25%	12%	ACCEPT: Injection deep to the investing fascia at the midpoint of the posterior border of sternocleidomastoid muscle
	19	Intermediate cervical plexus block- anterior approach	17%	34%	49%	HARMONISE: with intermediate cervical plexus	Injection into the carotid sheath and the intermuscular plane in the posterior cervical space, beneath the sternocleidomastoid muscle	29%	34%	37%	HARMONISE with Above
	20	Infraclavicular block	60%	7%	33%	HARMONISE: with infraclavicular brachial plexus block	Injection of cords of the brachial plexus to surround the axillary artery in an U-shaped pattern (cephalad, caudad, and posterior).	57%	13%	30%	REVISE: Injection at the cords of the brachial plexus
	21	Infraclavicular brachial plexus block	78%	8%	14%	ACCEPT	Injection around the cords of the brachial plexus	66%	8%	26%	REVISE: Injection at the cords of the brachial plexus
	22	Infraclavicular brachial plexus block	77%	8%	16%	ACCEPT	Injection posterior to the axillary artery with the intention of achieving a U shaped distribution around the artery.	46%	14%	40%	REVISE: Injection at the cords of the brachial plexus
	23	Infraclavicular brachial plexus block	73%	8%	19%	CONSIDER: Infraclavicular brachial plexus block (infraclavicular approach)	Injection at the 6 o'clock position of the axillary artery.	19%	22%	59%	REVISE: Injection at the cords of the brachial plexus
	24	Axillary block	41%	7%	52%	HARMONISE: with axillary brachial plexus block	Injection deep to the axillary artery, at the 6 o'clock position, instead of targeting the three nerves individually	12%	15%	73%	REVISE: Injection at the branches of the brachial pl DISCUSS WITH STEERING GROUP
	25	Axillary brachial plexus block	73%	6%	21%	ACCEPT	Injection around the radial, median and ulnar nerves.	19%	11%	70%	REVISE: Injection at the branches of the brachial pl DISCUSS WITH STEERING GROUP
	26	Axillary brachial plexus block	80%	2%	18%	ACCEPT	Injection around all four nerves in the axillary region.	63%	4%	32%	REVISE: Injection at the branches of the brachial pl DISCUSS WITH STEERING GROUP
	27	Axillary nerve block	86%	7%	8%	ACCEPT	Injection of the axillary nerve in the upper humerus exiting the quadrangular space	70%	11%	19%	REVISE: Injection at the axillary nerve <SPECIFY LO REVISE: Injection of the a DISCUSS WITH STEERING GROUP
	28	Axillary nerve block (posterior)	40%	10%	50%	HARMONISE: with axillary nerve block	Injection just cranial to the posterior circumflex humeral artery but under the muscle fascia	48%	22%	30%	HARMONISE with Above
	29	Midhumeral block	63%	12%	24%	(Individual nerves block) PERIPHERAL NERVE BLOCK	Injection around the median, ulnar and radial nerves individually at the junction of the upper third and middle third of the arm.	78%	7%	16%	PERIPHERAL NERVE BLOCK
	30	Suprascapular nerve block anterior approach	82%	8%	10%	Suprascapular nerve block (anterior approach) PERIPHERAL NERVE BLOCK	Injection of the suprascapular nerve coming off superior trunk and travelling to posterior neck under the posterior belly of Omohyoid muscle	87%	5%	8%	PERIPHERAL NERVE BLOCK
	31	Suprascapular nerve posterior approach	78%	10%	12%	PERIPHERAL NERVE BLOCK	Injection of the suprascapular nerve in the suprascapular notch or suprascapular fossa	86%	9%	5%	PERIPHERAL NERVE BLOCK
	32	Subomohyoid Suprascapular (SOS) block	32%	28%	40%	EXCLUDE: Existing techniques	Suprascapular nerve coming off superior trunk and travelling to posterior neck under the posterior belly of omohyoid muscle	69%	18%	13%	EXCLUDE: Existing techniques
	33	Shoulder block	22%	17%	61%	EXCLUDE: Existing techniques	Injection of the axillary nerve and suprascapular nerve (posterior approach)	49%	15%	35%	EXCLUDE: Existing techniques
	34	Shoulder block including lateral pectoral nerve block	17%	19%	64%	EXCLUDE: Existing techniques	Injection around the axillary nerve, suprascapular nerve posteriorly and lateral pectoral nerve anteriorly	52%	18%	30%	EXCLUDE: Existing techniques
	35	Forearm block	46%	16%	39%	PERIPHERAL NERVE BLOCK	Injection of the median, ulnar, radial nerves at the level of elbow	64%	4%	32%	PERIPHERAL NERVE BLOCK
	36	Retroclavicular block	28%	20%	52%	REVISE: Infraclavicular brachial plexus block (Retroclavicular approach)	Injection of the cords of the brachial plexus using a needle insertion point in the supraclavicular fossa, behind the clavicle until the needle tip is positioned behind the axillary artery.	65%	16%	19%	REVISE: Injection at the cords of the brachial plexus DISCUSS WITH STEERING GROUP
	37	Retroclavicular brachial plexus block	47%	17%	37%	REVISE: Infraclavicular brachial plexus block (Retroclavicular approach)	Injection of the cords of the brachial plexus using a needle insertion point in the supraclavicular fossa, behind the clavicle until the needle tip is positioned behind the axillary artery.	70%	15%	14%	REVISE: Injection at the cords of the brachial plexus DISCUSS WITH STEERING GROUP
	38	Retroclavicular approach to the infraclavicular region (RAPTIR)	39%	18%	43%	REVISE: Infraclavicular brachial plexus block (Retroclavicular approach)	Injection of the cords of the brachial plexus using a needle insertion point in the supraclavicular fossa, behind the clavicle until the needle tip is positioned behind the axillary artery.	68%	14%	18%	REVISE: Injection at the cords of the brachial plexus DISCUSS WITH STEERING GROUP
	39	Costoclavicular block	34%	16%	50%	REVISE: Infraclavicular brachial plexus block (Costoclavicular approach)	Injection at the brachial plexus in the proximal infra-clavicular fossa, where the lateral, medial, and posterior cords are tightly bundled	76%	13%	11%	REVISE: Injection at the cords of the brachial plexus DISCUSS WITH STEERING GROUP
	40	Costoclavicular brachial plexus block	66%	17%	18%	REVISE: Infraclavicular brachial plexus block (Costoclavicular approach)	Injection at the brachial plexus in the proximal infra-clavicular fossa, where the lateral, medial, and posterior cords are tightly bundled	82%	10%	8%	REVISE: Injection at the cords of the brachial plexus DISCUSS WITH STEERING GROUP

	41	Wrist block	68%	7%	26%	PERIPHERAL NERVE BLOCK	Injection of the median, ulnar and radial nerves at the level of the wrist by separate injections	78%	4%	18%	PERIPHERAL NERVE BLOCK
	42	Intercostobrachial nerve block	79%	9%	12%	PERIPHERAL NERVE BLOCK	Injection 2-3 cm distal to the axillary crease in an anterior-posterior distribution approximately 3 -5 cm wide between the biceps and the triceps muscles	50%	17%	33%	PERIPHERAL NERVE BLOCK
	43	Intercostobrachial and medial cutaneous brachial nerve block	59%	20%	21%	PERIPHERAL NERVE BLOCK	Injection in the subcutaneous area located above the brachial fascia, with a posterior direction, toward the latissimus dorsi muscle.	47%	30%	23%	PERIPHERAL NERVE BLOCK
	44	Intercostobrachial nerve block	72%	13%	14%	PERIPHERAL NERVE BLOCK	Injection around the intercostobrachial nerve posterior to lateral border of the pectoralis major muscle, superior, and posterior to the axillary vein.	42%	32%	26%	PERIPHERAL NERVE BLOCK
LOWER LIMB	45	Posterior lumbar plexus block	31%	12%	56%	Harmonize with lumbar plexus block	Injection inside the posteromedial quadrant of the psoas muscle	42%	11%	47%	Reject
	46	Lumbar plexus block	88%	6%	7%	Accept	Injection at the level of the lumbar roots (L2-4) coursing in the posterior third of the psoas muscle	80%	9%	11%	Revise to: njection at the level of the lumbar roots (L2-4) coursing in the posterior third of the psoas muscle
	47	Psoas compartment block	44%	15%	41%	Harmonize with lumbar plexus block	Injection at the estimated position of the lumbar plexus (junction of the posterior third and the anterior two thirds of the psoas muscle	56%	14%	30%	
	48	Lumbar paravertebral block	56%	18%	26%	Harmonize with lumbar plexus block	Walking off' the transverse process of the appropriate lumbar vertebra and penetrating the fascia surrounding the quadratus lumborum muscle	42%	22%	36%	Reject
	49	Femoral nerve block	98%	1%	1%	Accept	Injection at the femoral nerve cephalad to the bifurcation of the femoral artery, distal to the inguinal ligament and deep to both fascia lata and fascia iliaca, over the surface of the iliacus muscle.	92%	2%	5%	Reject Revise to: Injection at the femoral nerve cephalad to the bifurcation of the femoral artery, deep to the fascia iliaca
	50	3-in-1 block	17%	7%	76%	Exclude: very low consensus to support	Under the inspectinal fascia, 1 cm lateral to the femoral artery, the femoral nerve was located. By a cross- and longitudinal plane of the US transducer, an exact location of the femoral nerve could be obtained.	29%	12%	59%	Reject
	51	Fascia iliaca block	56%	8%	36%	Accept	Injection under the fascia iliaca	45%	9%	46%	Accept
	52	Fascia iliaca block - supra-inguinal	92%	6%	2%	Accept	Injection deep to the fascia iliaca over the surface of the iliacus muscle, superiorly and medially to the anterior superior iliac spine, proximal to the inguinal ligament.	91%	5%	3%	Revise to: Injection deep to the fascia iliaca over the surface of the iliacus muscle, and proximal to the inguinal ligament.
	53	Fascia iliaca block - infra-inguinal	88%	8%	4%	Accept	Injection deep to the fascia iliaca, over the surface of the iliacus muscle, and lateral to the femoral nerve, distal to the inguinal ligament.	93%	4%	2%	Revise to: Injection deep to the fascia iliaca over the surface of the iliacus muscle, and distal to the inguinal ligament.
	54	Lateral femoral cutaneous nerve block	79%	2%	19%	Accept	Injection at the lateral femoral cutaneous nerve medial to the tensor fascia lata and lateral to the sartorious muscle in a plane between the fascia lata and fascia iliaca, distal to the anterior superior iliac spine.	87%	3%	10%	cutaneous nerve medial to the tensor fascia lata and lateral to the sartorius muscle in a plane between the fascia lata and fascia iliaca.
	55	Posterior femoral cutaneous nerve block	80%	10%	10%	Accept	to the sciatic nerve in the subgluteal region, and immediately deep to the gluteus maximus and fascia lata.	59%	29%	12%	Revise to: Injection at the posterior femoral cutaneous [nerve] superficial and lateral to the sciatic nerve in the subgluteal region
	56	Obturator nerve block	78%	7%	16%	Accept	posterior divisions in the plane between the pectineus and obturator externus muscles branches of the obturator nerve in the upper medial thigh as they lie anteriorly and posteriorly to the adductor brevis muscle	81%	11%	8%	to the bifurcation into anterior and posterior divisions in the plane between the pectineus and obturator externus muscles
	57	Distal obturator nerve block	36%	26%	38%	Harmonize with anterior and posterior Obturator Nerve block	The anterior and posterior branches of the nerve are then blocked by two injections of local anesthetic directed toward the interfascial planes where each branch lies at the inguinal crease.	44%	29%	27%	Harmonize with the description of the branches of theObturator nerve block
	58	Anterior obturator nerve block	70%	13%	17%	Revise (ONB Anterior Division Nerve block)	Injection of the anterior division of the obturator nerve between the adductor longus, adductor brevis and pectineus muscle	82%	9%	9%	Accept
	59	Posterior obturator nerve block	71%	13%	16%	Revise (ONB Posterior Division Nerve block)	Injection of the posterior division of obturator nerve between the adductor brevis and adductor magnus muscles	86%	8%	7%	Accept
	60	Proximal obturator nerve block	52%	22%	26%	Harmonize with Obturator Nerve block (56)	Injection into the fascial plane between the pectineus and obturator externus muscles (harmonise with 56)	65%	24%	11%	Harmonize with the description of the Obturator nerve block
	61	Genitofemoral nerve block	87%	6%	8%	Accept	medial and superficial to the femoral artery in the inguinal canal. The contents of the inguinal canal are identified , with testicular vessels located laterally and spermatic cord medially. The needle is advanced in	57%	34%	9%	which is an oval structure lying medial and superficial to the femoral artery in the inguinal canal.
	62	Pudendal nerve block	85%	11%	3%	Accept	Injection at the pudendal nerve medial to the pudendal artery between the sacrospinous and sacrotuberous ligaments at the level of ischial spine	79%	20%	1%	Accept
	63	Alcock's canal block	22%	43%	35%	Exclude: very low consensus to support	Injection of the pudendal nerve inside the Alcock canal by following the margin of the hip bone sonographically along the greater sciatic notch, the ischial spine, and the lesser sciatic notch.	43%	45%	12%	Exclude: Very low consensus to support
	64	Anterior pudendal nerve block	28%	47%	25%	Exclude: very low consensus to support	Injection of the pudendal nerve in the anterior perineal region, with the nerve medial to pudendal artery in the deep transverse perineal muscle	46%	48%	6%	Exclude: Very low consensus to support
	65	Femoral triangle block	60%	16%	25%	Accept	proximal to the apex of the femoral triangle. The apex of the femoral triangle is the point where the medial borders of the sartorius and adductor longus muscles cross.	71%	12%	16%	Accept
	66	Distal femoral triangle block	40%	20%	39%	Harmonize with the femoral triangle block	apex of femoral triangle. Sonoanatomy of this region shows adductor longus muscle posteromedially, mastus medialis muscle anterolaterally, and sartorius muscle medially (Figure 3B). In this region, there is no	52%	14%	34%	Harmonize with the description of the femoral triangle block
	67	Adductor canal block	85%	7%	8%	Accept	distal to the apex of the femoral triangle and proximal to the adductor hiatus. The apex of the femoral triangle is the point where the medial borders of the sartorius and adductor longus muscles cross.	80%	7%	13%	Accept
	68	Subsartorial femoral nerve block in the femoral triangle	28%	22%	51%	Harmonize with the femoral triangle block	apex of the femoral triangle , which blocks the saphenous nerve, the nerve to the vastus medialis muscle, and the medial femoral cutaneous nerve	60%	16%	24%	Harmonize with the description of the femoral triangle block
	69	Proximal adductor canal block	36%	17%	47%	Harmonize with the femoral triangle block	Injection where the superficial femoral artery is underneath the medial third of the sartorius muscle	39%	17%	44%	Harmonize with the description of the femoral triangle block
	70	Distal adductor canal block	33%	16%	51%	Harmonize with the femoral triangle block	Injection where the superficial femoral artery is underneath the medial third of the sartorius muscle	30%	14%	56%	Harmonize with the description of the femoral triangle block
	71	Saphenous nerve block at the knee	74%	7%	19%	Revise to: Saphenous nerve block (at the level of the adductor canal)	Injection of the saphenous nerve deep to the sartorius muscle and posterior to the saphenous branch of the descending genicular artery.	69%	11%	20%	to the sartorius muscle and posterior to the saphenous branch of the descending genicular artery
	72	Infrapatellar nerve block	76%	11%	13%	Harmonize with the infrapatellar nerve block (73)	nerve itself. Under ultrasound guidance, the block targets the infrapatellar branch immediately after it emerges on either side of the sartorius muscle or as it pierces this muscle	53%	31%	16%	Harmonize with the description of the infrapatellar nerve block
	73	Infrapatellar nerve block	75%	13%	13%	Accept	Injection around infrapatellar branch in the superficial fascial layer between sartorius and vastus medialis distal to exit from adductor canal	49%	34%	17%	Accept
	74	Medial retinacular nerve block	49%	32%	19%	Exclude: very low consensus to support	Injection of the medial retinacular nerve inside the fascial tunnel containing the nerve between the sartorius muscle and the medial vastus muscle.	47%	43%	10%	Exclude: very low consensus to support
	75	Pericapsular nerve group (PENG) block	75%	10%	15%	Accept	femoral artery, and pectineus muscle are imaged. Injection in the musculofascial plane between the psoas tendon anteriorly and the pubic ramus posteriorly.	90%	4%	6%	Revise to: Injection in the musculofascial plane between the psoas tendon anteriorly and the pubic ramus posteriorly.
	76	Sacral plexus (lateral approach)	45%	26%	28%	Harmonize and revise to Sacral plexus block	sciatic foramen and inferiorly to the piriformis muscle. (The probe placed at the level of the anterior superior iliac soine with its	54%	27%	19%	Harmonise with the description of the Sacral plexus block
	77	Para-sacral block	67%	19%	14%	Harmonize and revise to Sacral plexus block	Injection of the the sacral plexus just medial to the posterior border of the ischium . The plexus lies deep to the piriformis muscle lateral to the inferior gluteal vessels	70%	17%	13%	Accept
	78	Transgluteal sciatic block	60%	16%	24%	Harmonize and revise to Sciatic nerve block (Transgluteal approach)	An injection around the proximal sciatic nerve anterior to the gluteus maximus muscle	73%	12%	14%	Accept
	79	Anterior sciatic nerve block	81%	6%	14%	Harmonize and revise to Sciatic nerve block (Anterior approach)	Injection at the sciatic nerve between the adductor magnus above and oluteus maximus or biceps femoris muscles.	76%	12%	12%	Accept
	80	Infragluteal sciatic nerve block	57%	11%	32%	Harmonize and revise to Sciatic nerve block (Infragluteal approach)	Injection at the sciatic nerve deep to the gluteus maximus muscle.	54%	12%	33%	Accept
	81	Subgluteal Sciatic block	66%	14%	20%	Harmonize and revise to: Sciatic nerve block (Transgluteal approach)	the gluteus maximus and the quadratus femoris muscles. It extended from the greater trochanter laterally to the ischial tuberosity medially. The medial limit of the subgluteal space was difficult to see. At this level, the	70%	17%	13%	Harmonized with the description of the sciatic nerve block (transgluteal approach)
	82	Sciatic block in the mid thigh	73%	6%	22%	Harmonize and revise to: Sciatic nerve block (Infragluteal approach)	Injection of the sciatic nerve at the midthigh region distal to the inferior border of the gluteus maximus muscle.	70%	19%	11%	Harmonized with the description of the sciatic nerve block (infragluteal aooroach)
	83	Popliteal sub-paraneural sciatic nerve block	38%	11%	51%	Harmonize	Injection of the sciatic nerve in the popliteal fossa at the point of bifurcation, through a common paraneural sheath	71%	9%	20%	Harmonized with the description of the sciatic nerve block at the popliteal fossa
	84	Distal popliteal sciatic nerve blcok	44%	7%	49%	Harmonize	Injection of both common peroneal and tibial nerves in the popliteal fossa, distal to sciatic nerve bifurcation	69%	7%	25%	Harmonized with the description of the sciatic nerve block at the popliteal fossa

85	Popliteal sciatic nerve block	90%	2%	8%	Harmonize and revise to : Sciatic nerve block at the popliteal fossa	Injection around the sciatic nerve at or near the point of bifurcation in the popliteal fossa	89%	1%	10%	Accept
86	Selective tibial nerve block	70%	8%	22%	Revise to : Tibial nerve block at the popliteal fossa	Injection around the tibial nerve distal to the sciatic nerve bifurcation	88%	2%	10%	Accept
87	Common peroneal nerve block	90%	1%	9%	Accept	Injection at the common peroneal nerve distal to sciatic nerve bifurcation	93%	1%	6%	Accept
88	Infiltration between the popliteal artery and capsule of the knee (IPACK)	86%	9%	5%	Accept	Injection in the soft tissues between the popliteal artery and the posterior surface of the distal femur	92%	2%	6%	Accept
89	Ankle block	86%	7%	7%	Accept	Injection of the 5 distal nerves that provide innervation of the foot at the level of the ankle: Posterior tibial nerve, Deep Peroneal nerve, Superficial Peroneal nerve, Saphenous and Sural nerves.	91%	2%	7%	Accept
90	Posterior tibial nerve block	76%	5%	19%	Revise to Tibial nerve block at the ankle	tendons of the tibialis anterior and flexor digitorum profundus are anterior to the nerve and gastrocnemius-soleus posterior to it . The posterior tibial artery and the tendon of flexor hallucis longus lie deep to the nerve, often	76%	8%	16%	medial malleolus, the tendons of the tibialis anterior and flexor digitorum profundus are anterior to the nerve and gastrocnemius-soleus posterior
91	Deep peroneal nerve block	95%	3%	1%	Accept	Injection at the deep peroneal nerve above the intermalleolar line, medial to the anterior tibial artery	84%	7%	9%	Accept
92	Superficial peroneal nerve block	97%	2%	1%	Accept	peroneus brevis and the extensor digitorum longus as a triangular hyperechoic shadow under the crural fascia. The extensor digitorum longus is anterior to the nerve, while the peroneus brevis is posterior to	88%	6%	7%	Accept
93	Sural nerve block	92%	5%	3%	Accept	Injection of the sural nerve above the lateral malleolus, anterior to the achilles tendon and posterior to the peroneus brevis	90%	6%	4%	Accept
94	Saphenous nerve block at the ankle	92%	5%	3%	Accept	Injection of the saphenous nerve proximal to the medial malleous, anterior to the great saphenous vien	94%	3%	2%	Accept
95	Popliteal plexus block	35%	32%	33%	Exclude: very low consensus to support	Injection inside the distal end of the adductor canal close to the adductor hiatus, adjacent to the femoral artery, between the medial vastus muscle and the adductor magnus muscle.	48%	32%	20%	Exclude: very low consensus to support
96	Popliteal plexus block	40%	31%	30%	Exclude: very low consensus to support	Injection at the level of articular branch of tibial nerve	23%	31%	46%	Exclude: very low consensus to support
97	Superior medial genicular nerve block	79%	16%	6%	Accept	Injection of the superior medial genicular nerve next to the genicular artery on the medial side of the distal femur	75%	21%	4%	Accept
98	Superior lateral genicular nerve block	80%	15%	6%	Accept	Injection of the superior lateral genicular nerve next to the genicular artery on the lateral side of the distal femur	75%	21%	4%	Accept
99	Inferior medial genicular nerve block	81%	13%	6%	Accept	Injection near the genicular artery at the junction of medial condyle of tibia and tibial shaft.	73%	21%	6%	Accept
100	Inferior lateral genicular nerve block	78%	17%	6%	Accept	Injection near the genicular artery at the proximal fibula	66%	27%	8%	Accept
101	Middle genicular nerve block	55%	31%	14%	Exclude: very low consensus to support	Injection of the middle genicular nerve between the fascia of the vastus intermedius, rectus femoris, suprapatellar bursae and vastus medialis and laterals.	49%	43%	8%	Exclude: very low consensus to support
102	Lateral retinacular nerve	44%	38%	17%	Exclude: very low consensus to support	Injection of the lateral retinacular nerve underneath the lateral collateral ligament along with lateral inferior genicular artery	47%	41%	13%	Exclude: very low consensus to support
103	Nerve to vastus lateralis block	63%	29%	8%	Accept	Injection around the vastus lateralis nerve, adjacent to the descending branch of the lateral circumflex femoral artery in the midthigh between the vastus lateralis and the vastus intermedius	63%	32%	5%	Accept
	Nerve to vastus medialis block				Accept	Proposed description: Injection around the nerve to vastus medialis where it is located deep to the sartorious and lateral to the sahenous nerve and femorl vessles in the femoral triangle				Proposed description: Injection around the nerve to vastus medialis where it is located deep to the sartorious and lateral to the sahenous nerve and femorl vessles in the femoral triangle

Standardising nomenclature in regional anaesthesia: an international Delphi consensus study

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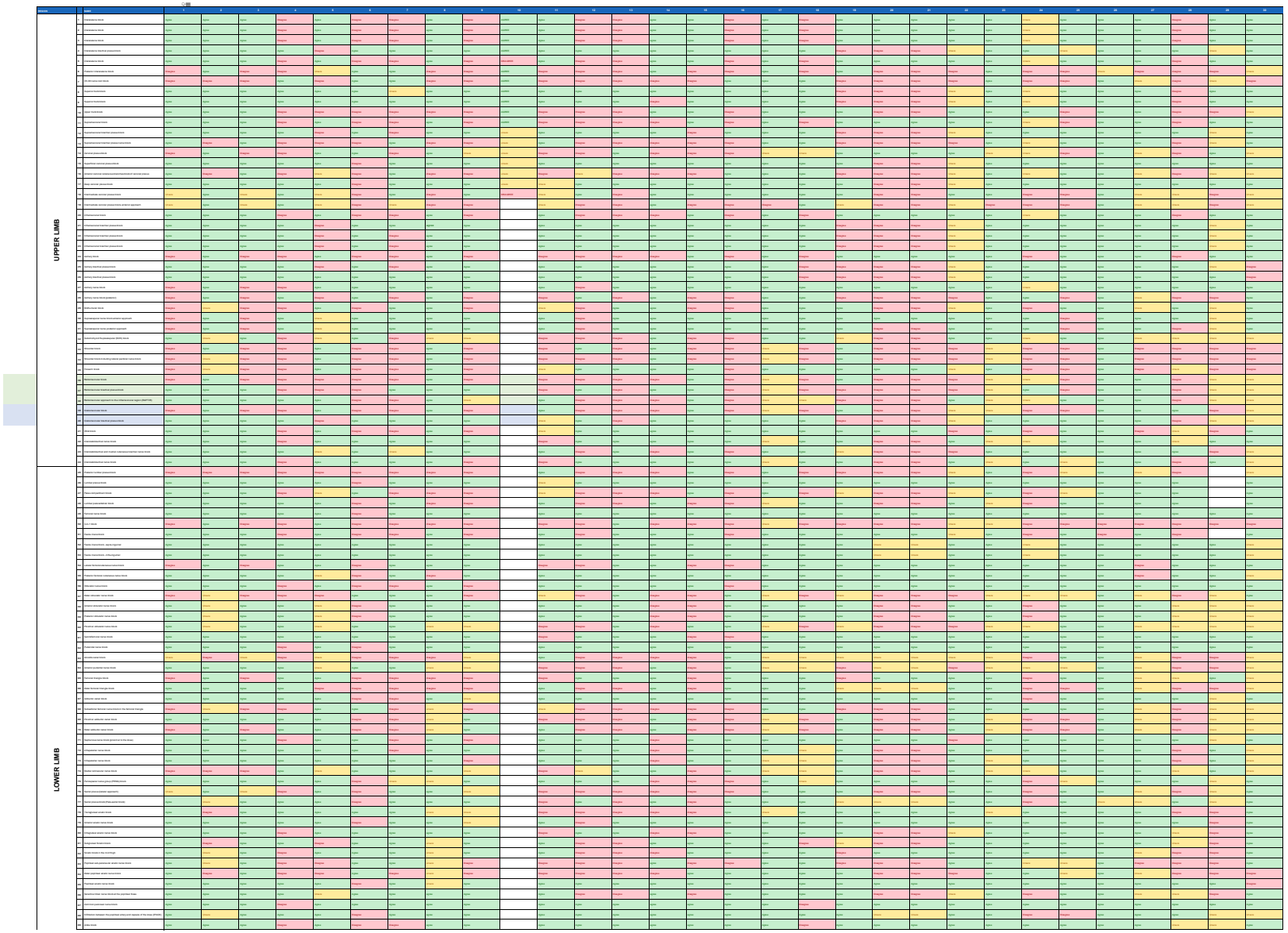
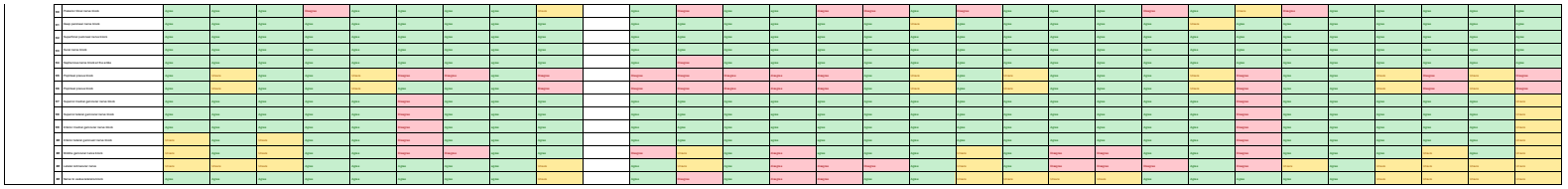
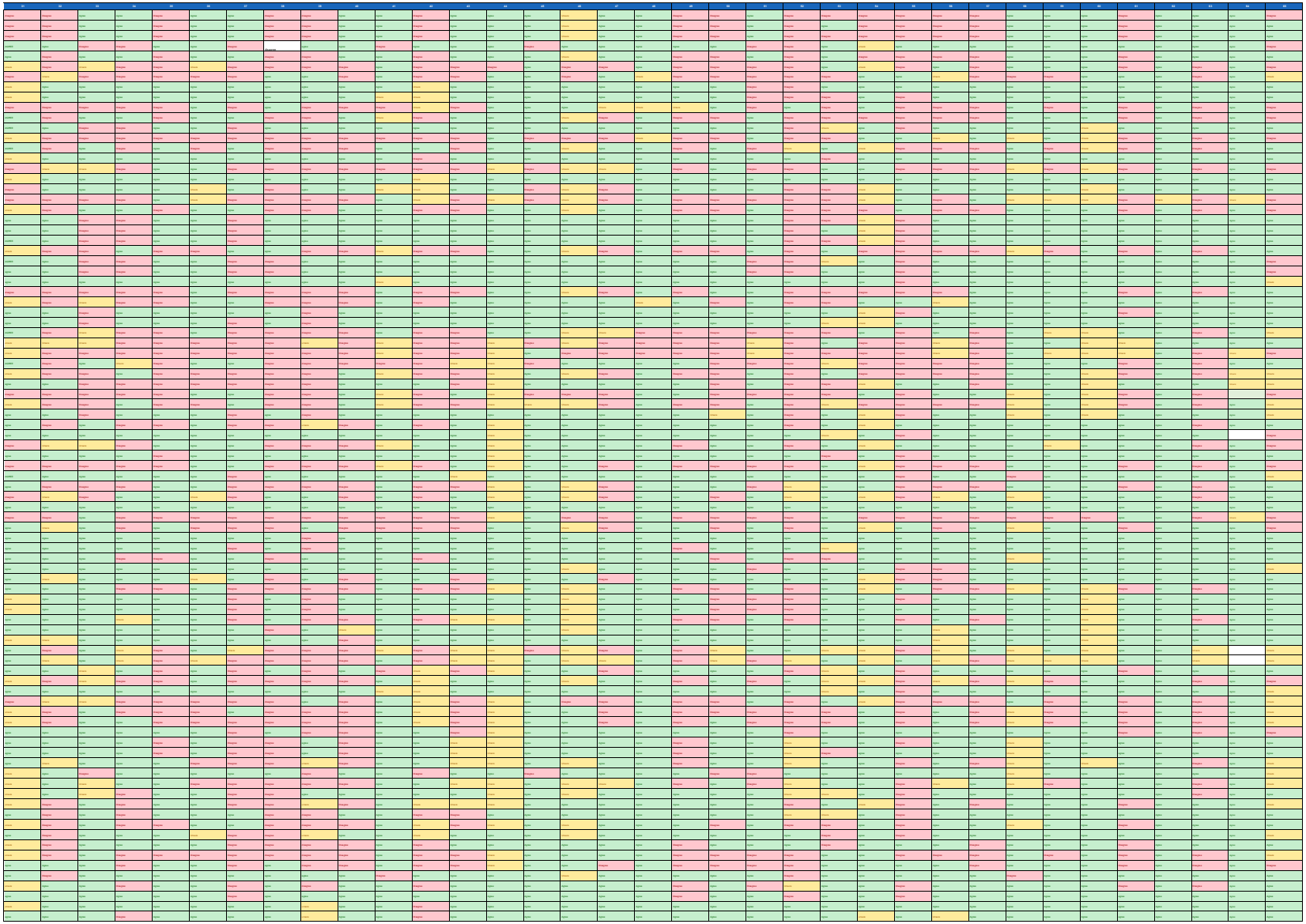
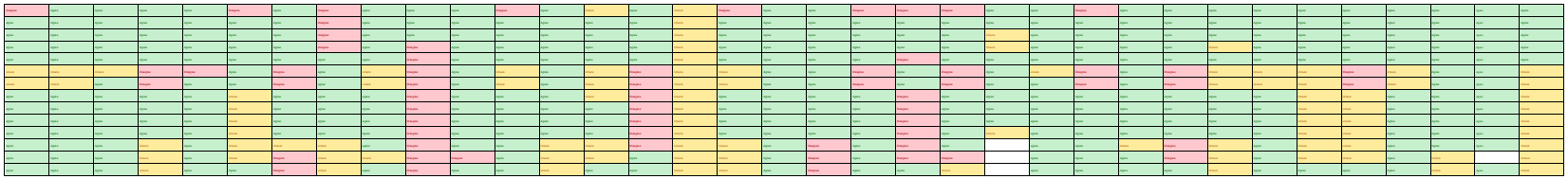
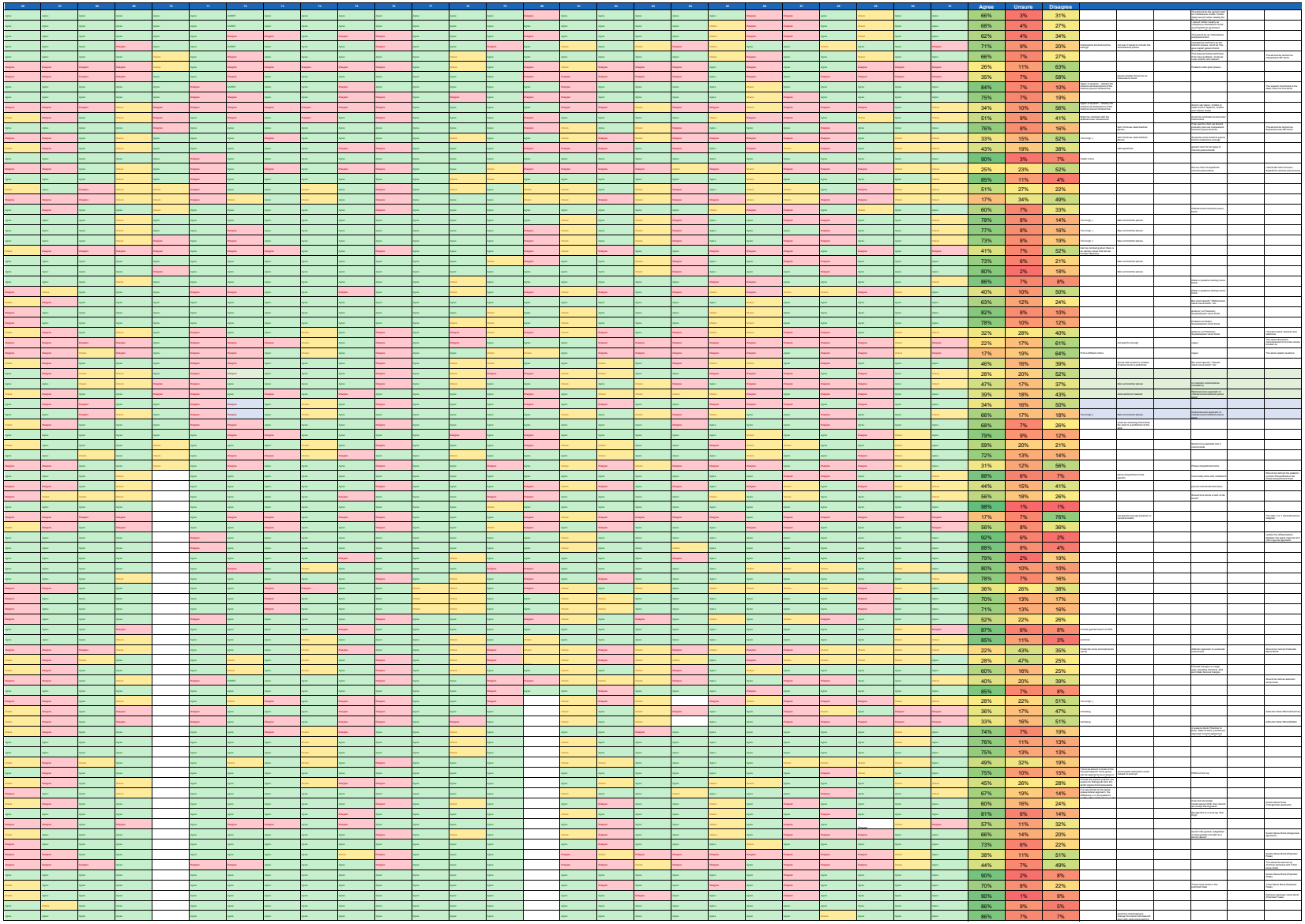
Delphi study Round 1 RESULTS

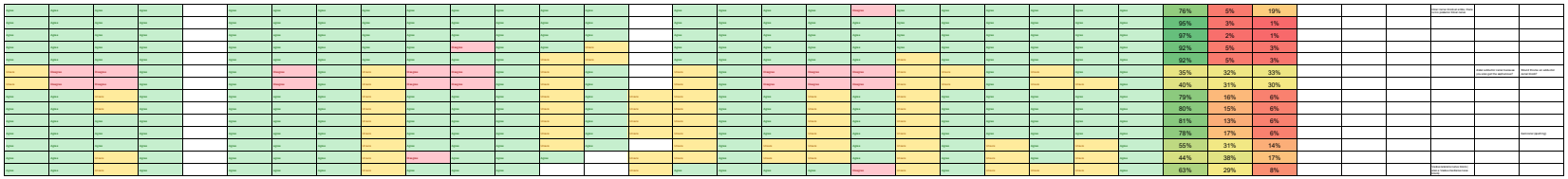


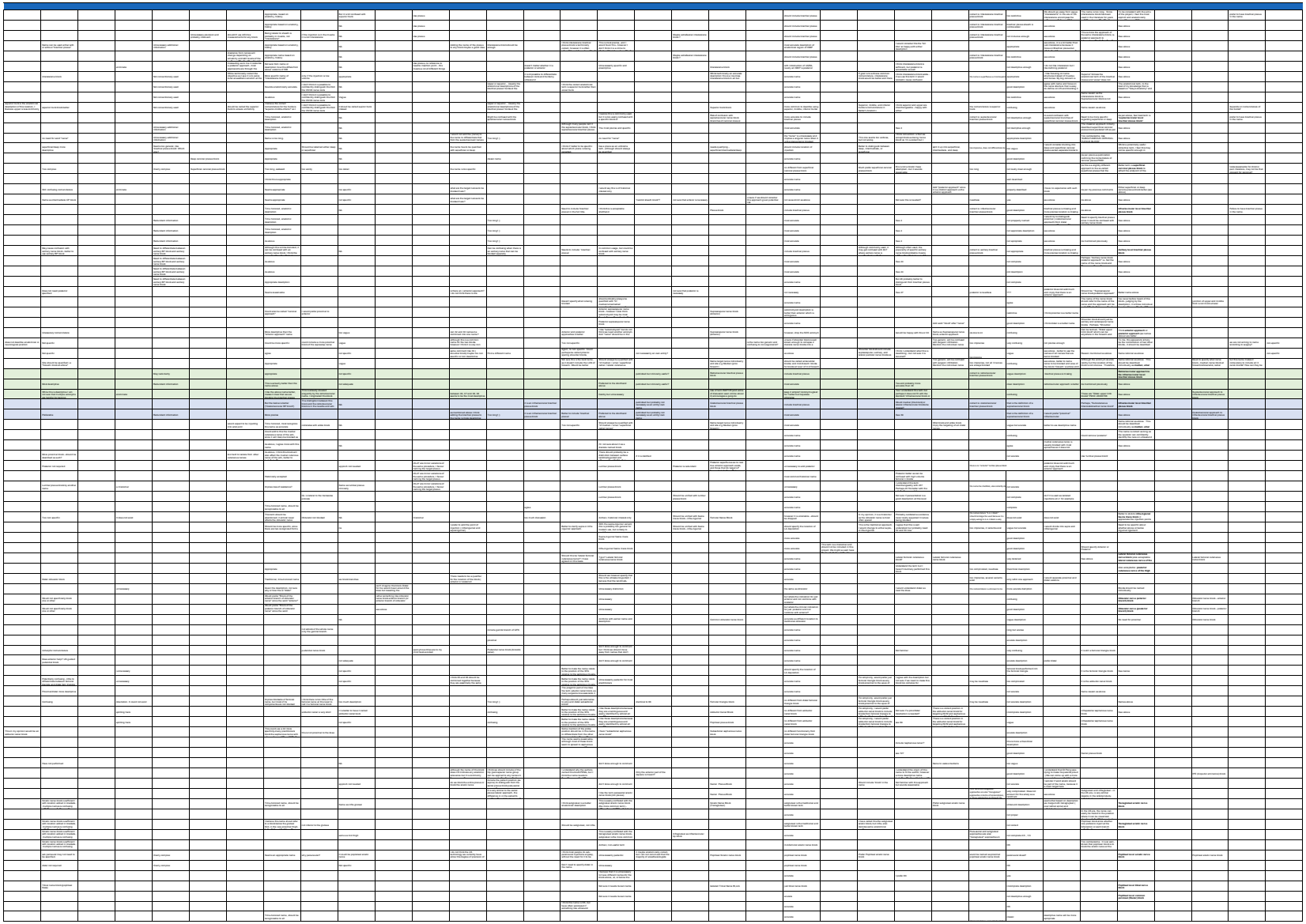


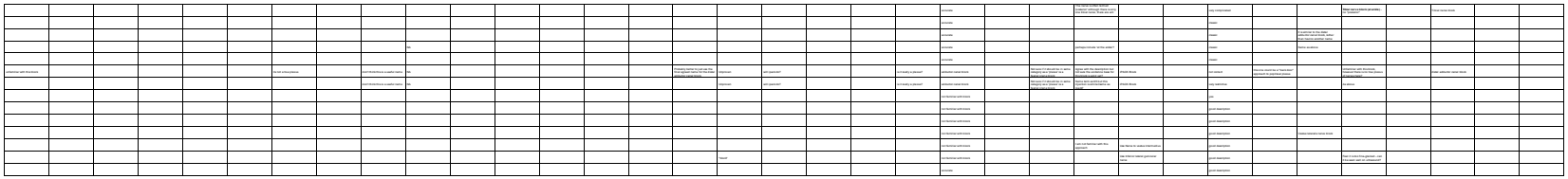


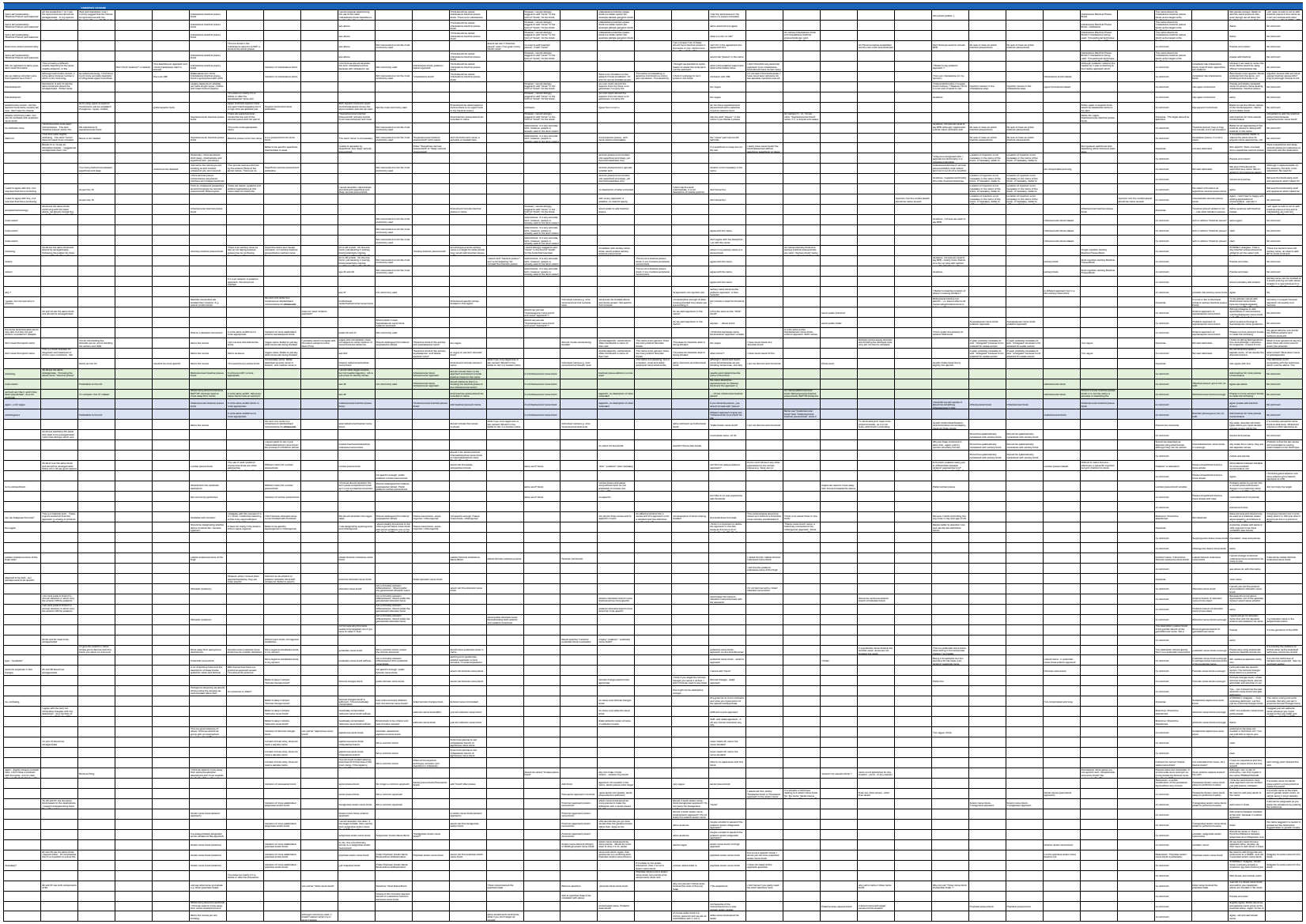


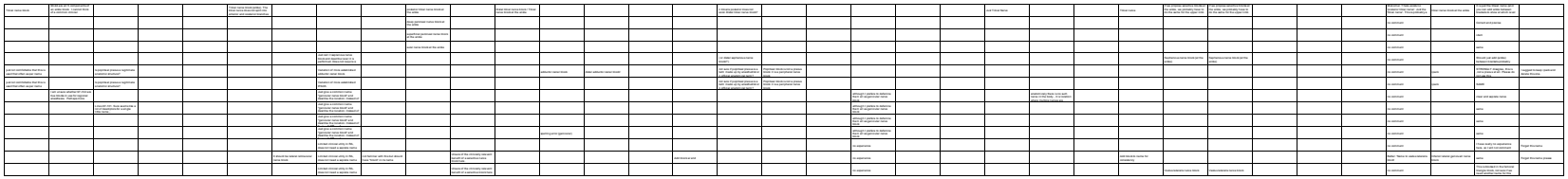




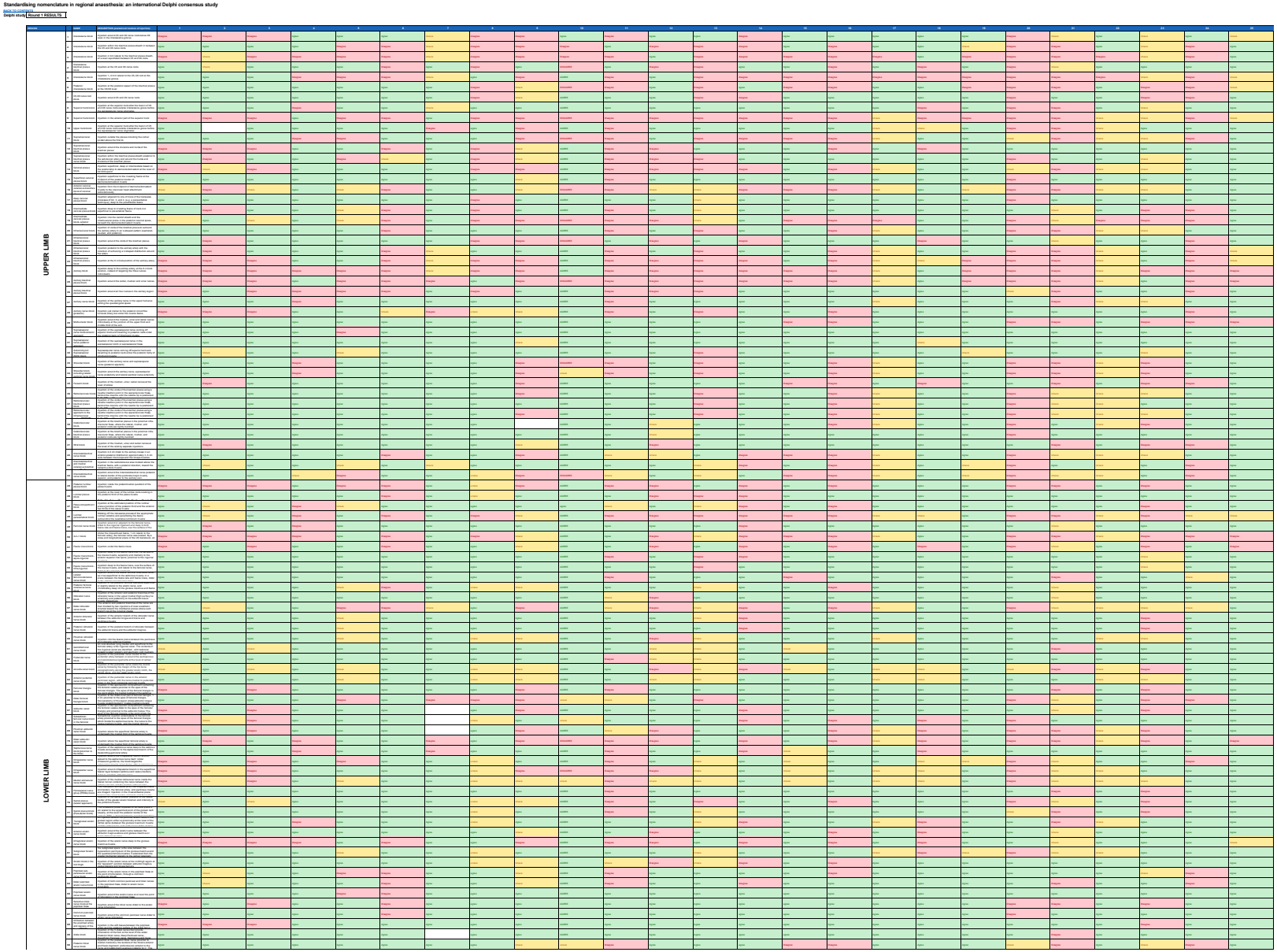








	This should read, "Tibial Nerve Block"					There is no posterior tibial nerve.			
			Distal adductor canal block?					not a widely used term	
								not a widely used term	
				Superomedial group of genicular nerves block					
				Superolateral group of genicular nerves block					
				Inferomedial group of genicular nerves block					
				Inferolateral group of genicular nerves block					
			Nerve to vastus intermedius	Middle genicular group nerves block					
								Lateral retinacular nerve block	


Standardising nomenclature in regional anaesthesia: an international Delphi consensus study
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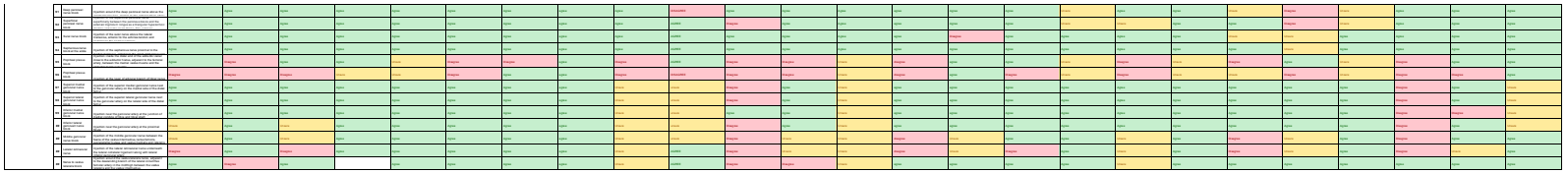
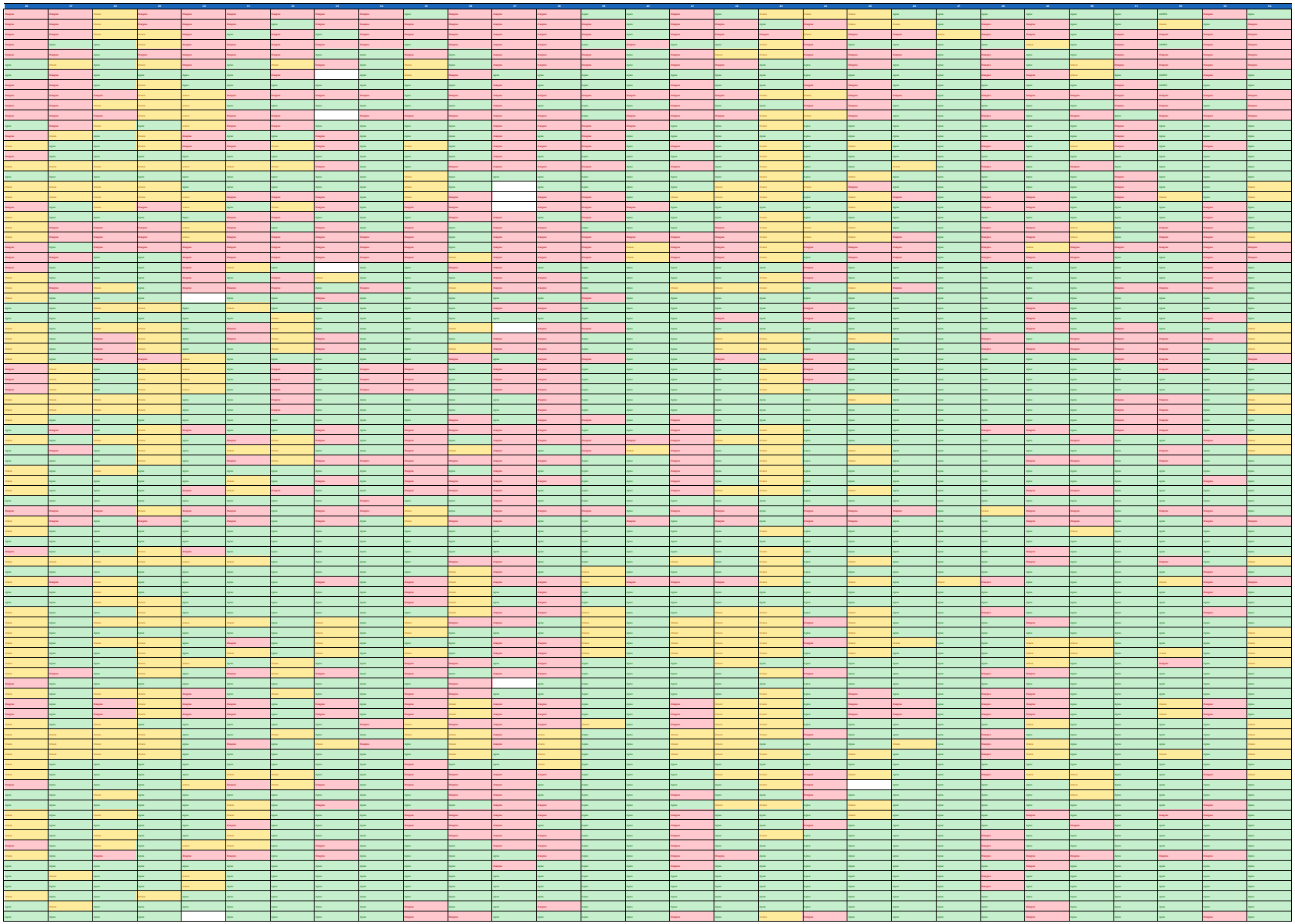
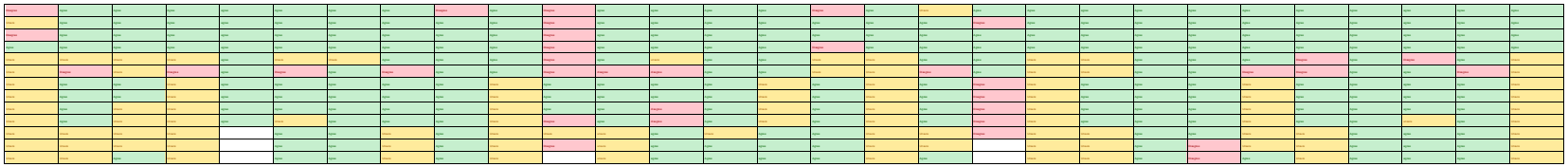
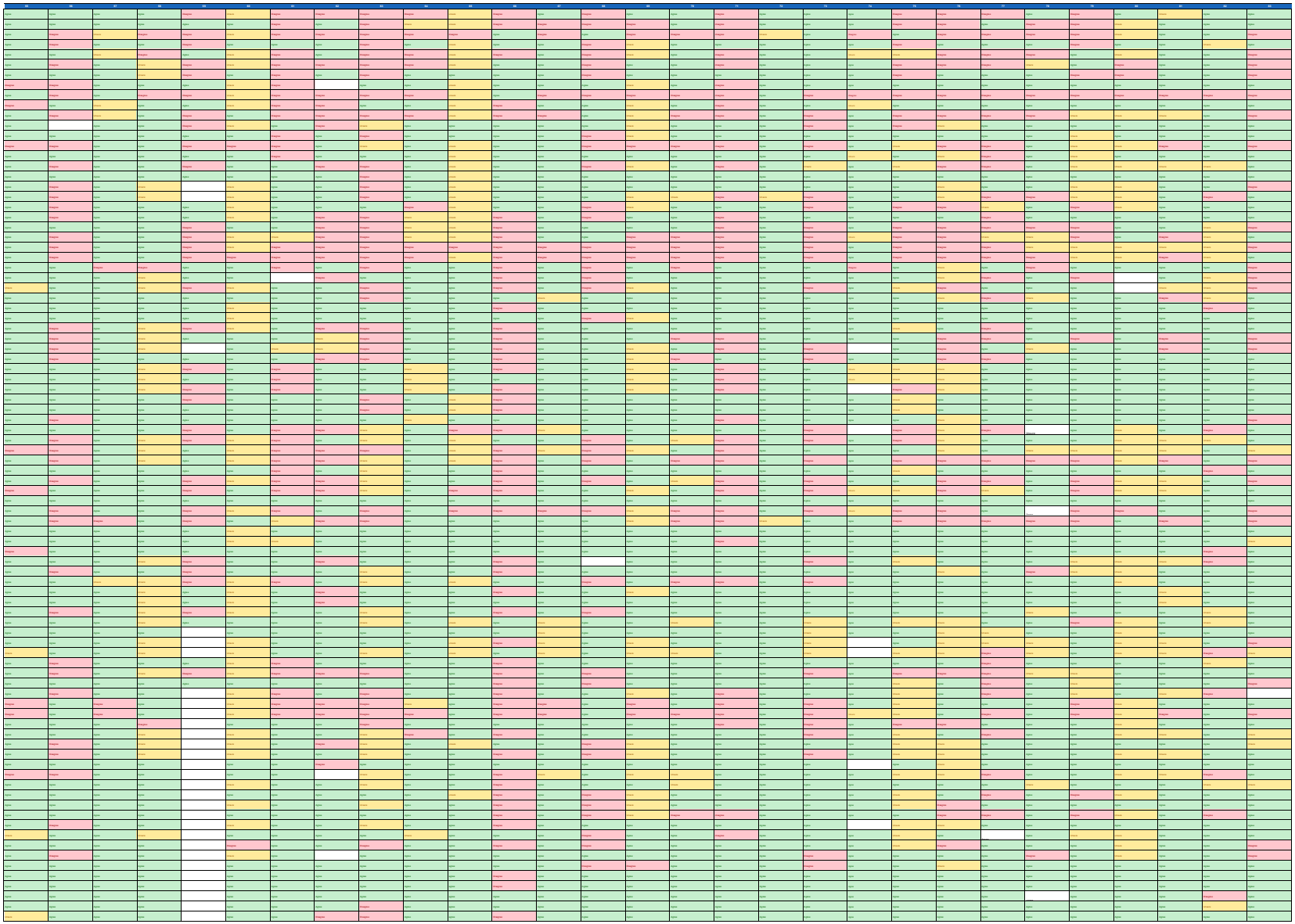
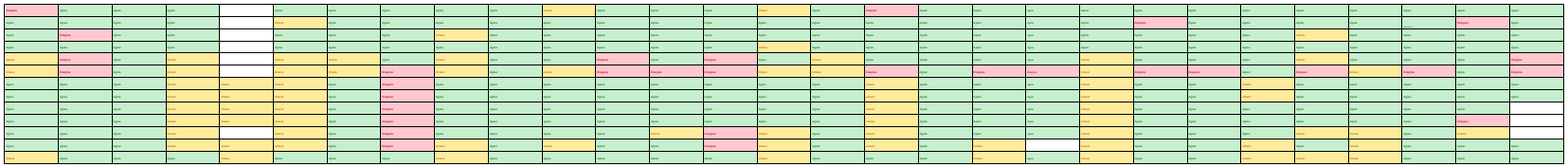
Delphi study Round 1 RESULTS
UPPER LIMB
LOWER LIMB

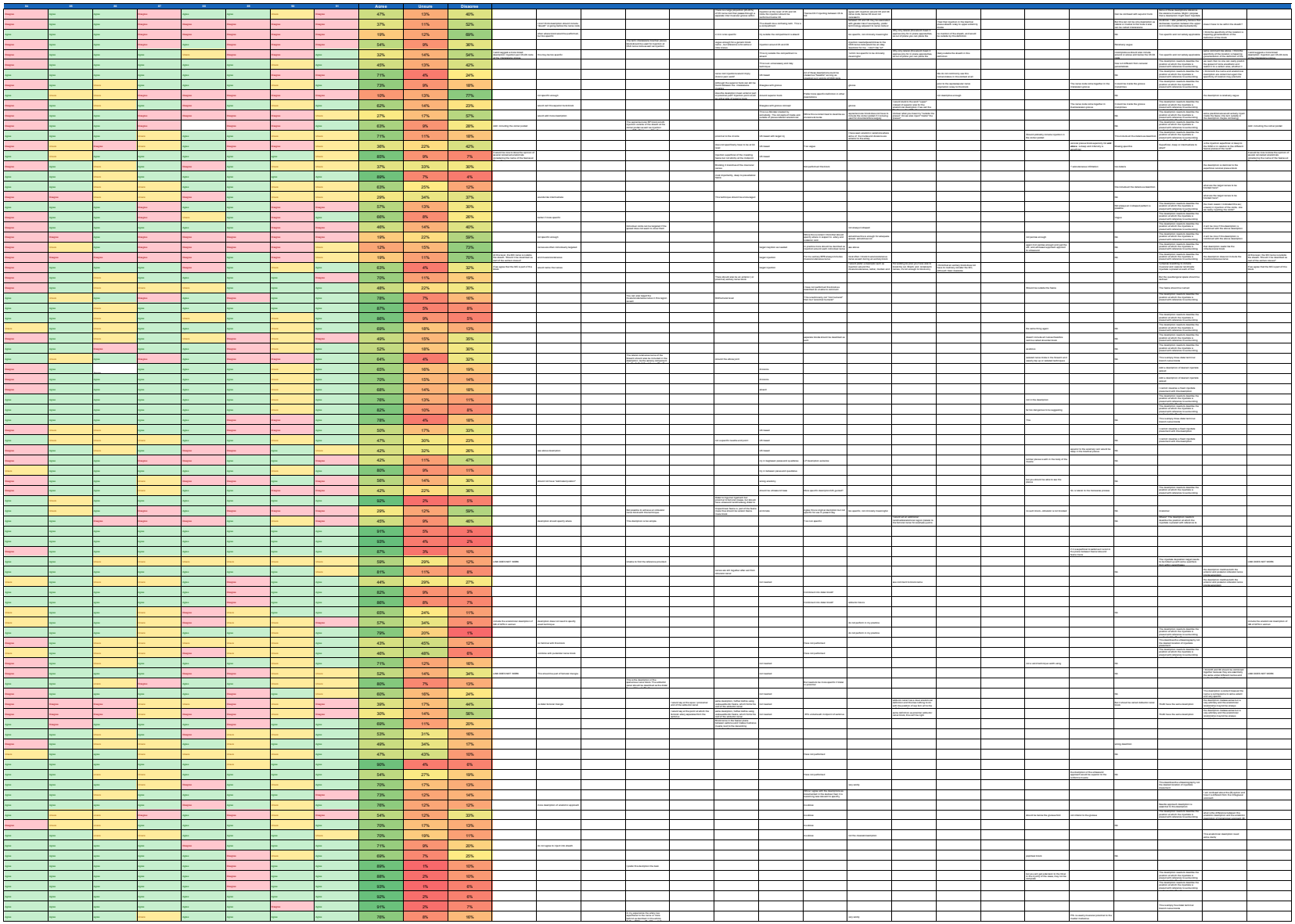




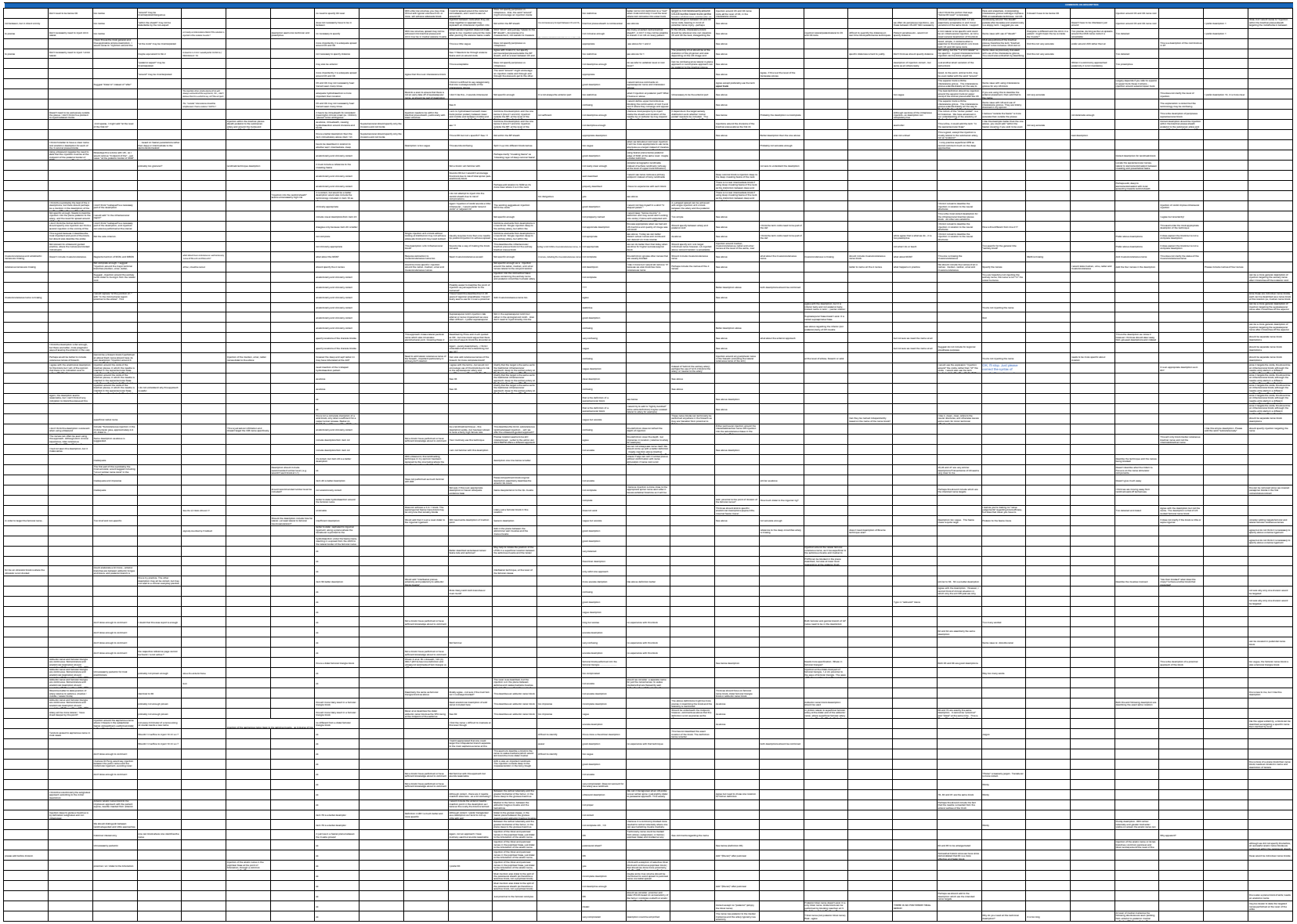


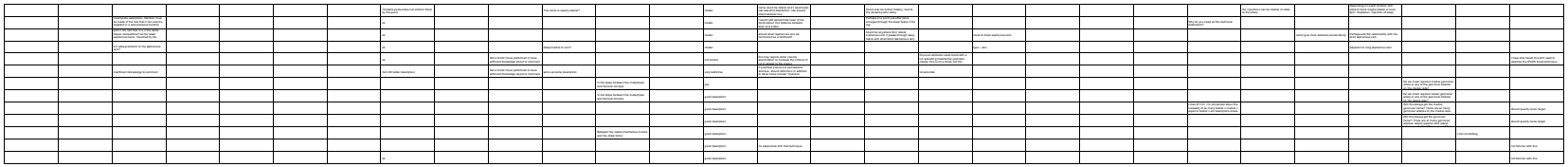


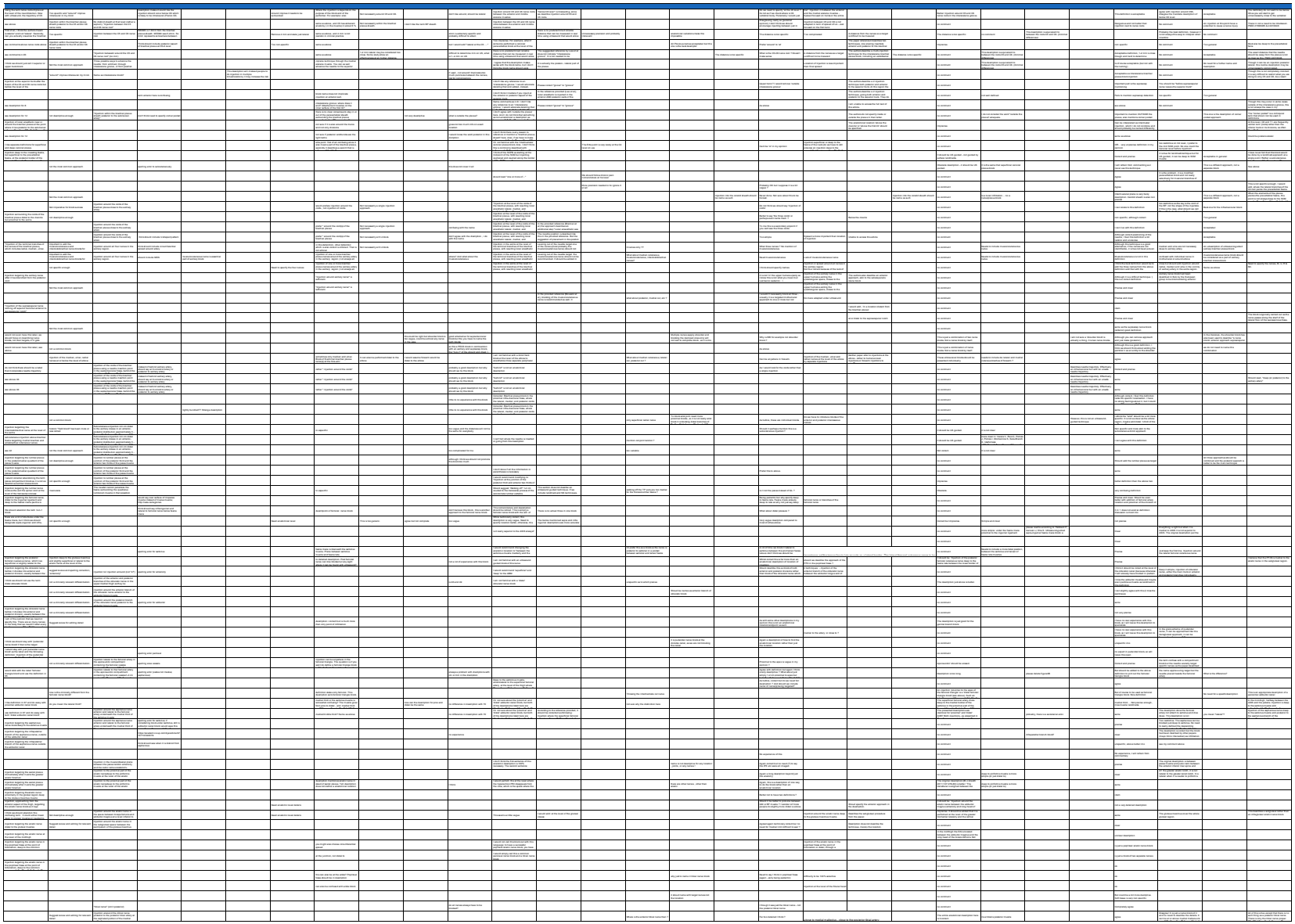


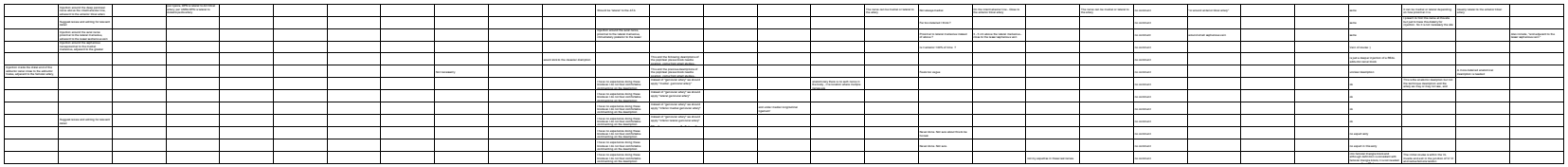


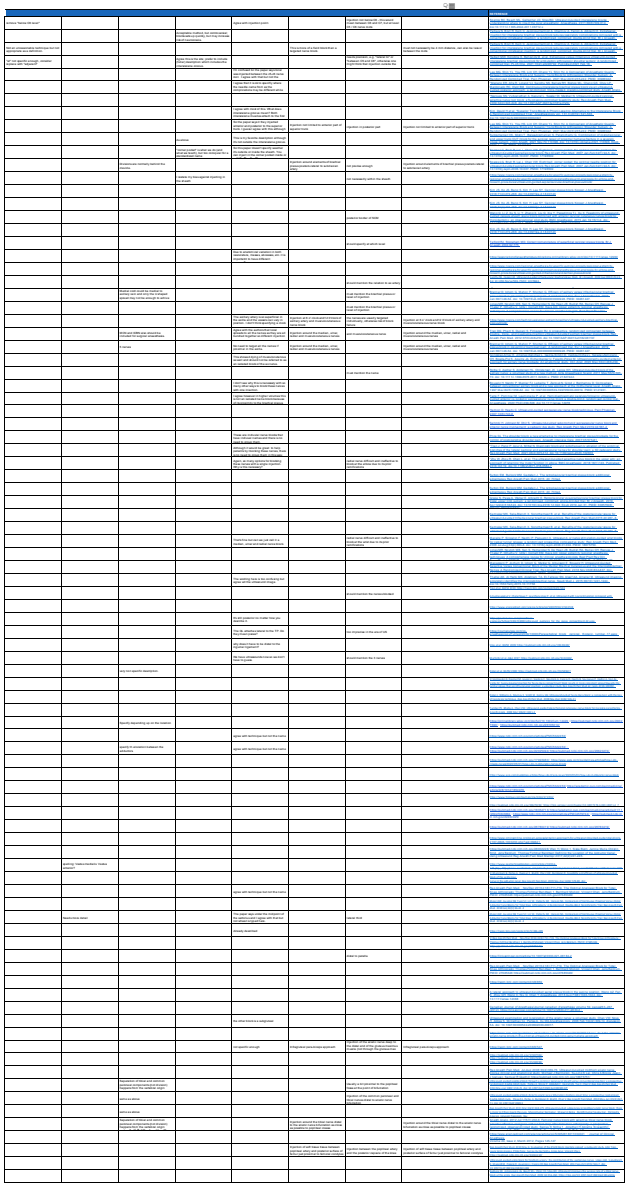
Agree	Agree	agree	Agree	Agree	Agree	Agree	Agree	84%	7%	9%														more commonly lateral to the artery at this level				
Agree	Agree	agree	Agree	Agree	Agree	Agree	Agree	88%	6%	7%														I usually block it as it emerges from the deep fascia more distally				
Agree	Agree	agree	Agree	Agree	Agree	Agree	Unsure	90%	6%	4%	I think we should mention the landmark of short saphenous vein.													can also be blocked well between the gastrocnemius muscles	NA			I think we should mention the landmark of short saphenous vein.
Agree	Agree	unsure	Agree	Agree	Agree	Agree	Agree	94%	3%	2%																		
Disagree	Agree	agree	Unsure	Agree	Unsure	Unsure	Unsure	48%	32%	20%					this is a distal adductor canal block								not a true plexus		NA			
Disagree	Agree	unsure	Unsure	Disagree	Unsure	Unsure	Disagree	23%	31%	46%								Not specific							NA		this is relatively very non specific description	
Agree	Agree	unsure	Agree	Agree	Agree	Agree	Agree	75%	21%	4%								Proximal & anterior to adductor tubercle								The description needs to describe the position at which the injectate is placed with reference to surrounding		
Agree	Agree	unsure	Agree	Agree	Agree	Agree	Agree	75%	21%	4%								junction of lateral epicondyle & femur								The description needs to describe the position at which the injectate is placed with reference to surrounding		
Agree	Agree	unsure	Agree	Agree	Agree	Agree	Agree	73%	21%	6%																		
Agree	Agree	unsure	Unsure	Agree	Agree	Agree	Agree	66%	27%	8%																		
Agree	Agree	unsure	Unsure	Unsure	Agree	Agree	Unsure	49%	43%	8%	LINK DOES NOT WORK															The description needs to describe the position at which the injectate is placed with reference to surrounding		LINK DOES NOT WORK
Agree	Agree	unsure	Unsure	Unsure	Agree	Unsure	Agree	47%	41%	13%																The description needs to describe the position at which the injectate is placed with reference to surrounding		
Agree	Agree	unsure	Unsure	Unsure	Agree	Unsure	Unsure	63%	32%	5%	LINK DOES NOT WORK															The description needs to describe the position at which the injectate is placed with reference to surrounding		LINK DOES NOT WORK











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COMMENTS	Are there any further comments or suggestions you would like to make? ☞	1. The "lateral sciatic nerve block" is missing, described in "An Ultrasound-Guided Lateral Approach for Proximal Sciatic Nerve Block: A Randomized Comparison With the Anterior Approach and a Cadaveric Evaluation; Takayuki Yoshida et al, Reg Anesth Pain Med. 2018 Oct; 43 (7): 712-719 ". The block is easy because the nerve is superficial and the patient can remain in the supine position 2. Wondering why blocks of the head and neck (including eyes) have been omitted … perhaps something for the future? 3. For clarifying question 4: retroclavicular would be part of infraclavicular blocks but an extraordinary needle approach could be mentioned

			Yes	Unsure	No
CLARIFYING QUESTION 1	**PLEXUSES**	Should blocks of a plexus have the word "plexus" in the name?	88%	8%	5%

			Yes	Unsure	No
CLARIFYING QUESTION 2	**NERVES**	Should blocks of a nerve have the word "nerve" in the name?	81%	9%	10%

			After the name of the nerve in brackets	After the name of the nerve in full	Before the name of the nerve	No location	Other
CLARIFYING QUESTION 3	**NJECTION POINTS**	Should blocks of a peripheral nerve have the anatomical location of the injection point:	42%	17%	36%	4%	**1%**

			Yes	Unsure	No
CLARIFYING QUESTION 4	**EDLE TRAJECTO**	Should blocks with different needle trajectories be named seperately e.g. infraclavicular vs. retroclavicular?	51%	23%	26%