

# Perioperative Analgesia In Patients With Hip Fracture: Ultrasound Continuous Fascia Iliaca Compartment Block Utility

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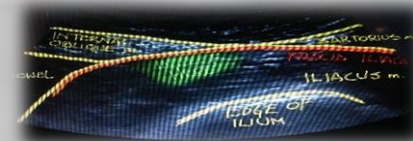
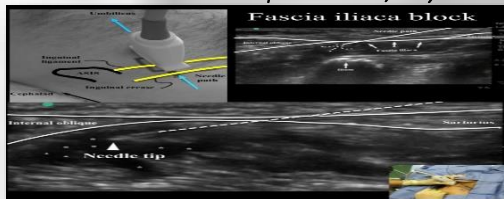
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fascia iliaca  
compartment block



**Introduction** The preventive treatment of pain resulting from hip fracture is a major positive benchmark in the immediate management of the patient. Hip fractures trigger an incident pain, that can lead to delirium and depression in the elderly patients. The primary objective will be to identify whether ultrasound continuous fascia iliaca block (C.F.I.B.) can be considered the analgesic technique of choice in fractured patient

**Methods** The observational study was conducted between october 2015 and January 2016 at the Sant'Andrea Hospital in Rome. 40 patients got to the ER with subtrochanteric femoral fracture diagnosis and indication for osteosynthesis surgery. Before subarachnoid anesthesia, C.F.I.B. with Ropivacaine 0.3 % 40 ml was obtained. At the end of surgery, an infusion of Ropivacaine 0.3 %, by elastomeric intrafascial system 7ml / h for 24 h , was employed.



**Results** The VAS Score to 24 hours after surgery was significantly reduced, with a median IQR value of 5.45 to 6 h (T3), 6.95 to 12 h (T4), 18.77 to 18 h (T5) and 24.42 to 24h (T6). 14 patients did not require additional analgesics, 26 needed Paracetamol 1.5 g/24 h after surgery. Paracetamol first dose 10 h after surgery occurred. No patients required opioid or derivatives. Spinal Anesthesia in the sitting position in 95% of patients without pain was performed; 5% evidenced discomfort during leg lengthening (average VAS 14.45).



**Conclusion** Ultrasound C.F.I.B. significantly reduces the pain severity in patients with hip fracture. Pain control in the emergency room, during spinal anesthesia and in the immediate post-operative period can be secured. The decreased need for analgesics reduces side effects and pharmacological interferences in the elderly population. In conclusion, C.F.I.B. before surgery under spinal anesthesia and infusion of local anesthetic intrafascial for 24h further, can be successfully used.