A327 - Could preoperative US guided fascia iliaca compartment block (FICB) decrease opioid consumption and perioperative morbidity of elderly patients with hip surgery for femoral fracture?

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Introduction:
Hip fracture is very common in the elderly, it causes moderate to severe pain often undertreated. FICB is a simple safe method, easy to learn and use.
The aim of our study is to assess the efficacy and safety of preoperative FICB compared with intravenous analgesia for elderly patients with femoral fracture and hip surgery in terms of opioid consumption and perioperative morbidity.

Methods:
After informed consent obtained, 54 patients 50-98 yo ASA I-III with hip fracture were randomised to receive either an US guided FICB(40 ml of ropivacaine 0.35%) or a sham injection with normal saline 30' before surgery. Both groups were operated under general anesthesia. Postoperative analgesia was done according to VAS: VAS 0-30 mm, paracetamol 1g iv at 8 h, VAS 30-60 mm, ketoprofen 100 mg iv at 8 h, VAS>60, morphine 0.1mg/kgBW iv. The primary outcome was the comparison of VAS score at rest over the first 30'following the procedure, at the end of the surgery and at 6h intervals for 24h. The secondary outcome were the incidence of the cardiovascular events, of the PONV and of the confusion episodes, the amount of morphine consumption for 24h.

Results:
At baseline, FICB group (A) had a lower mean pain score than the sham injection group (B). The same difference was observed over 24 h of follow-up (p<0.05). There was a significant difference between the two groups in total cumulative iv morphine consumption at 24 h and in the incidence of PONV and confusion episodes.

Conclusion:
FICB provides effective analgesia for elderly patients suffering from hip fractures, with lower morbidity and lower opioid consumption compared with intravenous analgesia.

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