**PO11   CONTINUOUS SUPRAINGUINAL ILIAC FASCIA BLOCK AS ANALGESIC STRATEGY FOR TOTAL HIP ARTHROPLASTY**

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**Introduction**

  Regional anesthesia, which includes peripheral nerve blocks, contributes to a multimodal analgesic approach. Suprainguinal Iliac fascia block is an alternative or complementary analgesic technique for knee, thigh and hip surgery1.

**Clinical Case**

  80-year-old female, ASA II, with history of DM type 2 and poorly controlled hypertension proposed for total hip arthroplasty.

  Caregiver's consent to anesthesia was obtained.

  To perform the block and catheter placement, a suprainguinal ecoguided approach was used. With the patient supine, a linear high frequency probe was placed in the sagittal plane to obtain an image of the ASIS. The probe was moved medially and the fascia iliaca identified. An in plane approach and a StimuCath® Continuous Nerve Block Set with a 17G Tuohy needle and a 19G multi perforated catheter were used. A bolus of 20mL 0,2% ropivacaine was given to open the fascial plane and the catheter introduced 3 cm in a cephalad direction. The surgery was realized under spinal anestesia. After the procedure a ionic contrast agent was infused through the catheter and X-ray images were obtained confirming the correct placement and spread.

  A bolus of 30ml ropivacaine 0.2% 6/6h, with 10mL 2/2h for rescue analgesia, through the catheter given by the nursing staff was prescribed and the analgesic regímen completed with NSAID and paracetamol. Rescue analgesia with 2mg of morphine 1/1h was added.  The catheter was removed 48h later.

**Discussion**

  The surgery lasted 70’ and there were no complications or episodes of hemodynamic instability nor allergic reactions to the contrast. The patient remained confortable with no pain at rest and minimal pain at movement during the hospital stay and no rescue analgesia was necessary.

  Continuous suprainguinal iliac fascia block may be another option in the pain management in non fast-track total hip arthroplasty.

**References**

1. BJA Education, 19(6): 191e197 (2019)

  
  
