

AB085. SOH21AS035. Ultrasound-guided lateral femoral cutaneous nerve block for hip fracture surgery postoperative analgesia

Clare Keaveney Jimenez, Paul Mallee, Miriam Molloy, Dominic Harmon

Department of Anaesthesiology and Intensive Care, University Hospital Limerick, Limerick, Ireland

Background: Patients undergoing hip fracture repair often report postoperative pain in the distribution of the lateral incision used for surgical approach. The lateral femoral cutaneous nerve (LFCN) provides sensation to the anterolateral thigh. Providing a local anaesthetic block to this nerve has an advantageous analgesic profile in this patient population. We present the case of a 78-year-old patient undergoing DHS for hip fracture who received a LFCN block for postoperative analgesia and describe a novel solution to extend the benefits of this block.

Methods: Under ultrasound guidance, the LFCN was identified in the fascial plane between tensor fasciae latae muscle and sartorius muscle. Twenty mL of 0.25% levobupivacaine was administered around the nerve via an 18G cannula needle. The needle was subsequently withdrawn, the cannula secured and left *in situ* for 24 hours.

Results: During the first postoperative 24 hours the patient reported pain scores on the numerical rating scale of 2 to 3 out of 10 at rest and 4 to 5 out of 10 on movement. The patient qualified pain as mild to moderate throughout the first 24 hours. "As required" opioid analgesia was sought twice in the first postoperative 24 hours. The patient participated in physiotherapy on postoperative day one.

Conclusions: The LFCN block is a beneficial analgesic strategy for elderly patients undergoing hip fracture surgery. A cannula can be inserted in the fascial plane as a means to provide top-up boluses of local anaesthetic in the early postoperative period if required.

Keywords: Analgesia for hip fracture surgery; lateral cutaneous nerve of thigh block; lateral femoral cutaneous nerve block; regional anaesthesia; ultrasound-guided

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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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