SURGICAL TREATMENT OF FEMORAL AND KNEE INJURIES UNDER PERIPHERAL REGIONAL ANAESTHESIA: A CASE SERIES

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BACKGROUND

Neuro axial anaesthesia is gold standard for lower extremity surgeries. Nowadays the introduction of ultrasound guided peripheral nerves blocks (PNB) changed the approach to orthopaedic surgery.

MATERIAL AND METHODS

This case series evaluates the post operative pain in 17 patients with femoral or knee fractures who received PNB because of contraindications to subarachnoid anaesthesia (eg. Anticoagulation therapies, refuse). We performed femoral nerve block (levobupivacaine 0,5% 15ml), obturators nerve block (levobupivacaine 0,5% 7 ml), lateral cutaneous nerve block (levobupivacaine 0.5% 3 ml) and sciatic nerve block (levobupivacaine 0,5% 20ml) focusing on lateral approach according to Sepol- vere G, Tedesco M., in those affected by fractures, where posterior approach could result difficult or impossible.

RESULTS AND CONCLUSIONS

In 2/7 cases a supplemental medication with Propofol 1mg/kg/h was administered with spontaneous breathing. All received Midazolam 2-3mg plus Fentanest 50mcg as a premedication.

Antalgical post surgery therapy (Paracetamol 1000mg; 3/day for the first 24h p.o.) was prescribed plus Ketorolac 30mg if NRS>6. Only one rescue dose a day of Paracetamol 1000mg for was required after 24h. NRS mean (12h, 24h, 48h) was <=2. Lateral approach of sciatic nerve block increases patient comfort and level of satisfaction, not requiring mobilisation. PNB could be considered as a valid alternative for patients who refuse or have contraindications to spinal anaesthesia, such as those in vascular surgery (over knee amputation), who requires continuous anticoagulant treatment and where local anaesthetics can prevent from neuropathic pain obtaining an opioid sparing approach to pain management.

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