Femoral and femoral cutaneous ultrasound guided nerve block as an anesthetic technique for hip fracture, intertrochanteric and non-displaced subcapital fractures: review of 10 cases.

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BACKGROUND

Hip fractures are typically seen in elder patients with high-risk surgery and multiple co-morbidities as coagulopathy, head and brain trauma or respiratory infections.

Those patients would benefit from alternative anesthetic techniques like femoral with femoral cutaneous ultrasound (US)-guided nerve block in intertrochanteric femoral fractures and non-displaced subcapital fractures, where cannulated nail are used, not being as beneficial in other types of fractures such as displaced subcapital ones where a hip replacement is needed .

MATERIALS AND METHODS

The records of 10 patients who had undergone surgery due to an intertrochanteric femoral fracture or a non-displaced subcapital fracture performed with a femoral and femoral cutaneous US-guided nerve block were evaluated. We reviewed the main demographic characteristics, indications, coagulation, and outcomes of this anesthetic technique.

RESULTS

Average age	87
Gender	5 Male/ 5 Female
ASA I/ II/III/IV	0/1/6/3
Coagulopathy (INR>1,4)	3
Anticoagulation treatment with new anticoagulation therapy	2
Head or brain injury	2
Conversion into general anesthesia	None
Sedation during the procedure	7
Technical complications	None

CONCLUSION

We conclude that US-guided femoral and femoral cutaneous nerve block is a safe and easy procedure than can be performed in patients with high-risk surgery where neuroaxial or general anesthesia have more associated co-morbidities.