U/S guided continuous infusion FICB safety, perioperative analgesia and opioid sparing efficacy in geriatric patient with two level femur surgery:

A case report

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Introduction: Elderly patients with hip fracture experience high morbidity and mortality also considered a challenge for anesthesiologist. Concerns regarding this population include but not limited to perioperative pain control, physiological frailty, medical comorbidities, and side effects from systemic medications. Cognitive impairment commonly compounding pain assessment and treatment (1). Multiple strategies have implemented to reduce complications and hospital stay including pre-emptive pain medications, nerve blocks and fractures fixation. Fascia iliaca block is emerging as a block that can be administered rapidly and safely under ultrasound guidance resulted in reduction of incidence of all the identified concerns (2).

Methods: A 68 years old female, presented with right distal fracture femur, was posted for open reduction and internal fixation (ORIF) distal femur and implant removal of dynamic hip screw (DHS). History of thalassemia minor, Hb 8.1 mg/dl, no other comorbidities. Allergic to aspirin. Previous surgical history cholecystectomy and DHS fixation for fracture neck femur. Preoperative examination was normal. Preoperative investigation includes coagulation profile, renal function, liver function and ECG all normal. Hb was low 8.1mg/dl. Preoperative transfusion of two units PRBCS, Hb raised to 10.6 mg/dl. Patient refused neuraxial anesthesia. Consent has taken for general anesthesia and continues fascia iliaca block. Patient in supine position, standard monitors attached. Induction of general anesthesia with fentanyl 100mcg, lidocaine 80 mg,