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Assessment of the efficacy of fascia iliaca compartment nerve block (FICNB) when it is used as part of multimodal analgesia after femoral bone fracture surgery

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Fascia iliaca compartment nerve block (FICNB) has been an established technique for postoperative analgesia after femoral bone fracture surgery. The aim of this study was to assess the efficacy of fascia iliaca compartment nerve block when it is used as part of multimodal analgesia after femoral bone fracture surgery. A hospital based case control study was conducted at the University of Gondar Teaching Hospital from November to May and 40 patients were scheduled for femoral bone fracture surgery and grouped in to cases and controls based on the anesthetists' management decision. 30 ml of 0.25% bupivacaine was given for FICNB at the end of operation. All patients were operated under spinal anesthesia. Postoperative pain was assessed only over the first 24 hours using 100 mm visual analogue scale (VAS), total analgesic consumption and the time for the first analgesic request. The FICNB (n=20) with bupivacaine compared to controls (n=20), reduced VAS pain score within the first 24 hrs after operation. VAS scores at 2 hrs median (IQR) 0.00 (0.00) vs. 18.00 (30.00), $p=0.001$, VAS scores at 6 hrs 0.00(0.00) vs. 34.00 (20.75), $p=0.000$, VAS scores at 12 hrs 17(17.75) vs. 26.50(19.25), $P=0.006$, VAS scores at 24 hrs 12.50 (10.00) vs. 31.50 (20.75), $P=0.004$ respectively. In addition the total analgesic consumption of diclofenac at 12 and 24 hrs were reduced in the FICNB group as well as the time for the first analgesic request was significantly prolonged (417.50 vs. 139.25 minutes, $P=0.000$). This study showed that a single injection of FICNB provided greater postoperative pain and total analgesic consumption reduction as well as prolonged the time for the first analgesic request in the case group after femoral bone fracture surgery. Therefore, this technique of regional block is recommended as a postoperative analgesia after femoral bone fracture surgery and for patients with femoral bone fracture at the emergency department or trauma care center.

Biography

Fentahun T Kumie got his MSc in the Department of Anesthesia at the University of Gondar, Ethiopia and completed his first degree training in anaesthesia at the same University. He has given 3 years clinical service in Bahirdar University, Ethiopia before he joined his second degree. His current research focuses on regional anaesthesia and pain management on femoral fracture patients.

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