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Fascia iliaca block in hip fractures

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H<u>ip Fractures</u> can be a painful experience for patients. It is therefore important we provide patients with adequate analgaesia in the peri-operative period. Its importance lies in reducing reliance on opioids. We audited the administration of fascia iliaca block (FIB) in radiographically confirmed hip fracture patients. We found initially 48% of patients received <u>FIB preoperatively</u>; 52% did not and had inadequate documentation of why it was not given. Our intervention was performing a Trust wide audit to improve awareness of FIB and how to administer it. Our re-audit found that patients receiving FIB had increased to 81%;19% did not receive, with adequate documentation. We found inclusion of fascia iliaca blocks in induction of new staff especially in A and E and Trauma and Orthopaedics</u> greatly improves patient outcomes, and reduces reliance on opioids both pre and post operatively resulting in fewer post-operative complications and shortened hospital stay.

Biography

I am Hamza Ansari. Completed Bachelor of Arts with Honours Double Major in Psychology and Classical Studies from York University Toronto. Doctor of Medicine from St Matthews University School of Medicine Cayman Island. Post-graduate training in Canada, United States, and United Kingdom. Research Associate certification from McMaster University Hamilton. Foundation training completed in Royal Shrewsbury Hospital. Where I published two case studies in the BMJ in Orthopaedic Surgery, and conducted 8 closed loop audits in Trauma and Orthopaedic Surgery. At present ST2 in GP training with a special interest in Trauma and Orthopaedic Surgery.

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