Background and Aims Although the interscalene block of the brachial plexus is the gold standard for clavicle osteosynthesis surgery\(^1\), it’s not free from complications\(^2\). The objective was to evaluate the anaesthetic and analgesic efficacy of the clavipectoral fascia plane block (CPB)\(^3\) in mid-clavicular fracture surgery.

Methods Descriptive observational study in 50 patients treated for osteosynthesis of mid-clavicular fracture (12 months period). The main objective was to assess pain (VAS) in the immediate postoperative period (POI), and at 6–12 and 24 hours. As secondary objectives: degree of intraoperative sedation (IOP) (Ramsay Score), perioperative fentanyl consumption, rescue analgesia, unplanned general anesthesia, the presence of motor or sensory block, and diaphragmatic paralysis evaluated by ultrasound.

After intravenous premedication with midazolam 3mg, fentanyl 0.5–1mcg/kg, ketorolac 30mg, dexamethasone 8mg, and cephalothin 1g, CPB was performed according to the technique described related with the supraclavicular nerve block\(^4,5\). IOP sedation was with dexmedetomidine IV 0.2–0.5 mg/kg/h. As postoperative analgesia ketorolac 30 mg/12 h IV, and as rescue analgesia (VAS ≥ 4/10) tramadol 50 mg IV bolus.

Results El dolor postoperatorio POI a las 6–12 ya las 24 h fue de 1,04 (DE=1,26);1,24 (DE=1,42);1,34 (DE=1,92);0,96 (DE=1,29) respectivamente (figure 1). La dosis total perioperatoria media de fentanilo fue de 0,88 mcg/kg.h Durante el postoperatorio, 9 pacientes (18%) solicitaron analgesia de rescate No hubo conversiones a anestesia En general, no se eliminará bloqueo motor ni sensible de la extremidad superior ni parálisis diafragmática (table 1).

Conclusions Our series supports the anaesthetic and analgesic efficacy of the CPB block for the osteosynthesis of fractures of the middle third of the clavicle.

Background and Aims Pericapsular nerve group (PENG) block targets anterior hip joint capsule nerves, and has been used for acute and perioperative pain in hip fractures. Herein, we evaluated the effect of preoperative PENG block on spinal anesthesia positioning pain and postoperative analgesia in hip surgery.

Methods This randomized, controlled, assessor blinded study was conducted between May 2021 and March 2022 following IRB approval. ASA I-III patients aged 35–90 y scheduled for hip fracture surgery were included. In the PENG group (n=40) USG-guided PENG was applied with 20 mL LA, 20m prior to spinal anesthesia whilst in the control group (n=41) 1.5 mcg/kg fentanyl IV was applied 5m prior to spinal anesthesia. Spinal anesthesia, perioperative and postoperative analgesia plans were same for all patients. Peri-positioning and postoperative numeric rating scale (NRS), PCA morphine consumption, time to first opioid requirement were noted for the first 24 hours. Additionally, the quality of recovery (QoR-15) score was determined at the 24th hour.

Results NRS scores were significantly lower in the PENG group at peri-positioning and at postoperative 3rd, 6th and 12th hours (p<0.001). Cumulative morphine consumption was statistically higher in all time points in the control group. Time to first opioid requirement was later in the PENG group (p<0.001) and QoR-15 score averages were significantly higher too (111.02±9.67 vs 99.51±9.45, respectively, p<0.001).