Conclusions Fascia iliaca plane block combined with low dose spinal anesthesia significantly reduces VAS score at rest compared to regular dose spinal anesthesia. It remains a field of interest for future research.

Background and Aims Spinal anesthesia is the preferred method in older patients undergoing intertrochanteric fracture repair (1). However, it has been associated with cardiovascular instability, especially in the elderly (2). According to Lee et al., ED95 for intrathecal ropivacaine is significantly lower than the one being administered regularly (3). In an effort to minimize the dosage of local anesthetic administered intrathecally in the elderly population undergoing intertrochanteric fracture repair we performed the following case-control study, where we measured the amount of vasoactive agents (ephedrine and phenylephrine used in each group).

Methods Control group (Ropi) received 18.5 mg (2.5 mL) of ropivacaine and 10 mcg fentanyl intrathecally. In the study group (Fascia), 11 mg (1.5 mL) and 10 mcg of fentanyl and a fascia iliaca block was performed with 40 mL of ropivacaine 0.375%. If patients received phenylephrine < 150 mcg and ephedrine < 15 mg it was signified as (++), less than that was signified as (+) and no vasoactive agents as (-). Local ethical committee approval was obtained.

Results 16 patients were consecutively studied, 8 of which were in the Ropi group and 8 in the Fascia group. Mean age in the Ropi group was 84.1 ± 7.3 years and 82.3 ± 8.5 years in the Fascia group (Table 1) (Table 2). Ropi group received statistically higher amount of vasoactive agents (Figure 1.)

Conclusions The use of fascia iliaca plane block combined with low dose spinal anesthesia in intertrochanteric fracture repair was found to be successful in reducing the amount of vasoactive agents administered.

Background and Aims Hip fractures are extremely common and cause considerable pain which is associated with several negative patient outcomes. Perioperative analgesia may involve a fascia iliaca compartment block (FIB) which can be delivered as either a single-shot or via a continuous infusion of local anaesthetic. The aim of this survey was to investigate the practice of single shot or continuous FIB in management of neck of femur (NOF) patients within the UK.

Methods An anonymous survey was shared amongst trauma and orthopaedic consultants working at different hospitals in the National Health Service (NHS). Data was collected on a series of questions relating to the use of single shot and continuous FIB in the management of NOF fractures. Questions also pertained to the person responsible for delivering the block and whether ultrasound was used.