Methods A literature review was performed in the PubMed database using the keywords "intravenous lidocaine", "postoperative analgesia", and "hip surgery". Articles and reviews from the last 5 years were included. Studies in children under 18 years of age and pregnant were excluded.

Results

The reported benefits are included in Tables 1 and 2. Effects occur at low plasma concentrations during the infusion and persist for hours and even days afterward. The main mechanism of action is the reduction of inflammatory markers (leukotrienes-B4 and interleukin-1). The antinociceptive and antihyperalgesic action is multifactorial (like muscarinic, dopaminergic, and NMDA receptors). Despite its scientific evidence in multiple interventions, especially abdominal and urological, its evidence in hip surgery is scarce (Table 3).

Conclusions Perioperative intravenous lidocaine is strongly recommended in a wide variety of surgeries as a postoperative analgesic technique. However, it is not recommended in hip surgery because of the scarcity of studies and their contradictions.

Abstract B342 Figure 1

Patients who received a block had a longer length of stay (25.9 hours vs 19.4 hours).

Abstract B342 Figure 2

Conclusions Just under half of cases received a nerve block. The use of adductor canal block is associated with modestly reduced post-op pain and consequently reduced morphine requirements and post-operative nausea. Adductor canal blocks are associated with increased length of stay. Patients were not randomised between techniques so differences in outcomes could be due to confounding factors.