Conclusions We observed that intrathecal Prilocaine combined with nerve blocks is a reliable technique in hip fracture surgery, offers haemodynamic stability and could improve overall survival. Further study of the use of short-acting intrathecal agents is required in comparison to traditional methods.

Background and Aims Prilotekal (hyperbaric prilocaine 2%) was licensed for spinal anaesthesia (SA) in the UK in 2010. The dose of 40–60 mg was shown to provide effective surgical SA for day case surgery up to 90 minutes. While Direct Anterior Approach (DAA) may take longer than posterolateral approach for THA, it offers several advantages: being less invasive without detachment of muscles or tendons, less immediate postoperative pain, faster recovery, early mobilization without the need for hip precautions, and lower dislocation rate. All this makes DAA ideal for day case THA.

We present a series of the first three consecutive cases performed in our orthopaedic centre under SA with Prilotekal, in accordance with the established pathway for day case THA.

Methods In August-October 2021, three ASA 1–2 patients with advanced osteoarthritis were consented for DAA THA under SA with Prilotekal.

They underwent uneventful surgery on DAA traction table under SA and sedation with propofol TCI. Other analgesia modalities were used as per our established THA protocol.

Results 2/3 patients were discharged home on the same day, one the next day. All patients made satisfactory recovery. Hospital stay was shorter than our median hospital stay for primary THA (2.7 days) and national data (3.3–4.5 days) in 2016–2021.

Conclusions In selected patients, spinal anaesthesia with adjusted dose of Prilotekal to match a longer procedure, combined with sedation, is a suitable technique to provide anaesthesia for day case DAA THA. Good team work between surgical and anaesthetic teams is paramount to success.