Peripheral vascular disease and prior above knee amputations. Peripheral nerve block serves as a good alternative for both intraoperative and postoperative analgesia. This case report aims to describe the role of suprainguinal fascia iliaca block for hip disarticulation surgery.

**Methods**

A 54-year-old male, presented with large inguinal ulcer and stump ulcer following above knee amputation due to peripheral arterial disease. He was still on both oral clopidogrel and cilostazol. General anesthesia was conducted with fentanyl and ketamine as induction agents then central line was inserted. Suprainguinal fascia iliaca block was attempted with 40 mls of ropivacaine 0.375%; then continuous catheter was inserted after successful single shot block. Intraoperatively, hemodynamic was stable and no additional opioid was administered. Postoperative pain management included continuous ropivacaine 0.2% 10 ml/hour, oral paracetamol, and gabapentin. Patient reported minimal pain at 24 hours postoperative.

**Results**

Hip disarticulation surgery is relatively rare procedure with challenging anesthesia management, especially when it is delivered in high-risk patients. Peripheral nerve block, including suprainguinal fascia iliaca block, may provide beneficial alternative for both intraoperative and postoperative analgesia.

**Conclusions**

Suprainguinal fascia iliaca block serves as relatively simple and safe peripheral nerve block for hip disarticulation surgery in high-risk patients.