Background and Aims There are several methods for pain control in hip fracture patients. Recently, a pericapsular nerve group block was introduced. This block is very effective for pain control in hip fracture patients, and there is a report that it is very effective for pain control after surgery, especially in the case of continuous pericapsular nerve group blocks. We would like to discuss a more effective and accurate way to perform the pericapsular nerve group block.

Methods Two cases were administered. Both cases were hip fracture patients and ultrasound-guided continuous pericapsular nerve group block was performed. We also checked the fluoroscopic image using a contrast medium to recheck how the drug spreads and to confirm the appropriate position of the catheter. Postoperative pain was confirmed by a numerical rating scale, and complications such as motor weakness were also checked.

Results In both cases, low NRS was checked after surgery, and no complications occurred.

Conclusions If it is confirmed that the drug spreads well between the psoas tendon and the pubic ramus and the space between the psoas tendon and the pubic ramus is widened when injecting the drug, it can be considered an effective block.

Results The applied regional technique resulted in an effective and safe analgesia judged by low pain scores and early mobilization.

Conclusions EOI catheters provided efficient pain relief after a pancreatic surgery via bilateral subcostal incision.

Please confirm that an ethics committee approval has been applied for or granted: Yes: I’m uploading the Ethics Committee Approval as a PDF file with this abstract submission

Application for ESRA Abstract Prizes: I don’t wish to apply for the ESRA Prizes

Background and Aims Peripheral nerve blocks rather than systemic analgesia are usually used in older patients with fracture neck femur. In this study, we compared fascia iliaca vs PENG with LFCN block for fracture neck of femur surgery.

Methods Geriatric group of patients of age 70 years or over, ASA 2 & 3 with body weight 50 to 90 Kg were included in our study. Out of 40 patients, 20 were taken alternatively for fascia iliaca (Gr-F) or in PENG with LFCN (Gr-P) group. Drugs mixture for the nerve blocks contained equal volume of 2% Lidocaine in adrenaline and 0.5% bupivacaine (plain) with 10 mg dexamethasone. Ultrasound-guided peripheral nerve block was performed with 40ml for FI block in Gr-F and 30ml ml and 10 ml respectively in Gr-P for PENG and LFCN blocks. VRS was assessed 30 minutes following the nerve block procedure. All patients received CSE with 10 mg Bupivacaine heavy for spinal anesthesia and Inj. dexametomidine infusion at 0.5 mcg/kg/hr for sedation as our routine anesthetic technique in the intraoperative period. Pain, hemodynamic, complications, timing of initiation of epidural infusion were studied.

Results Students T test was applied for the analysis. During positioning VRS score at 30min was Gr-P 1.15 (± 0.344), in Gr-F it was 2.2 (± 0.589) (p<0.0256). Per-operative hemodynamic responses were not significantly different (P<0.08). Duration of analgesia in Gr-P was 16.96 (±1.86) hours and Gr-F 13.69 (± 1.04) hours with P value <0.293.

Conclusions PENG with LFCN block revealed better analgesic quality during positioning for CSE performance in our study.