Background and Aims We present the management of an elderly ASA 4 female with a left-sided fractured neck of femur. Comorbidities included stable angina, asthma and COPD. Acutely, a superimposed chest infection precipitated respiratory distress and hypoxaemia. Clopidogrel, stopped the day before, had some concerns regarding overall risk of bias. The results showed quadratus lumborum block was the best intervention for morphine consumption reduction at 24 h and resting pain scores. Transversus abdominis plane block was also effective in reducing opiate consumption and resting pain scores. However, no techniques were associated with a reduced incidence of postoperative nausea and vomiting. TAP block subgroup analyses revealed that location and timing of plane block may impact the effectiveness of 24 h opioid consumption reduction.

Conclusions Fascial plane blocks are effective analgesic techniques in total abdominal hysterectomy. However, there are insufficient data for to draw definitive conclusions, further studies are required for QL and ESP blocks.

Background and Aims Peripheral vascular surgery patients commonly present multiple diseases and receive anticoagulants or antiplatelet drugs. Nonetheless, revascularization procedures may last many hours. Thus the risk of a long-lasting general anesthesia may increase while neuraxial blocks may expose patients to an augmented risk of bleeding [1]. Peripheral blocks last longer and guarantee hemodynamic control but may not be adequate for procedures involving the iliac artery.

We present a case of a patient, who underwent revision of an iliac-femoral bypass under a combination of lumbar plexus and quadratus lumborum blocks.

Methods Female 70 y.o., ASA III. Chronic legs ischemia, diabetes, multiple bypass and left toe amputation,