PREOPERATIVE FASCIA ILIACA BLOCKS DECREASE OPIOID REQUIREMENTS IN HIP FRACTURE PATIENTS

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**Purpose:** To investigate the effectiveness of fascia iliaca blocks as a pain control intervention in hip fracture patients.

**Methods:** This was a retrospective case-control study. All patients were treated in a single city at two hospitals which are level 1 and level 2 trauma centers. Fifty-eight patients with either femoral neck or intertrochanteric hip fractures were included. Fascia iliaca blocks were performed on twenty-nine of the patients preoperatively. Post-block pain scores, perioperative total oral morphine equivalents, and length of hospital stay were recorded as outcome measures.

**Results:** Prior to the block intervention patients reported an average pain score of 6.4 and following the block intervention patients reported an average pain score of 3.5 (p=0.0002). Patients who received the fascia iliaca block preoperatively used an average of 25 total morphine equivalents, while patients who did not receive the block used an average of 34 total morphine equivalents preoperatively (p=0.035). There was not a statistically significant difference in the mean length of hospital stay between the two groups (Block 4.2, No Block 4.5, p=0.50).

**Conclusions:** Fascia iliaca blocks decrease pain and reduce preoperative opiate requirements in hip fracture patients.