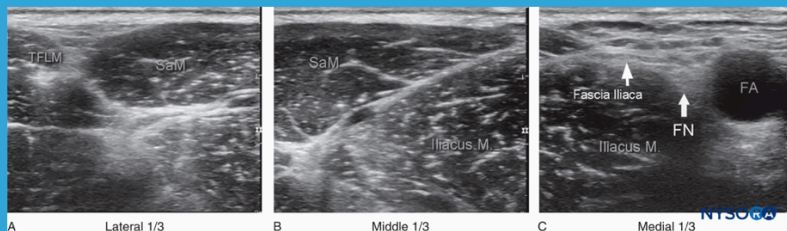


FASCIA ILIACA BLOCK

Indications: Hip or femur fracture, reduces need for IV opioids or other pain medication

Contraindications: Erythema overlaying injection site, ipsilateral fractures at risk of compartment syndrome, anticoagulation, femoral vascular grafts

Key Anatomy: Goal is to separate the fascia iliac from the underlying iliacus muscle in order to bathe femoral nerve and lateral femoral cutaneous nerve in anesthesia. Femoral nerve lies under the fascia iliaca, lateral to the femoral artery and vein and medial to the iliacus/ iliopsoas muscle.



Equipment needed:

- Chloraprep
- Linear US probe with sterile probe cover, sterile jelly, sterile gloves
- Local anesthetic with 10 cc syringe/needle
- 22-gauge nerve block needle with extension tubing (primed with ropivacaine), 60 mL syringe filled with 4mL of 2% ropivacaine , +/- Dexamethasone (8 mg IV)

Procedure:

- Always perform neuromuscular exam and hook patient up to cardiac monitor
- Visualization prior to injection. In-plane approach with US. Place linear transducer anywhere between level of femoral crease and inguinal ligament and identify femoral artery. Find iliopsoas immediately lateral and deep to artery and vein. Look for hyperechoic fascia iliaca.
- Make small wheal with lidocaine overlying injection site
- Introduce nerve block needle in plane with the transducer and follow needle tip with US
- Once pierce fascia iliaca with needle, inject small aliquot of ropivacaine and look for separation of fascia from underlying muscle
- If muscle shearing observed, readjust the needle and adjust small aliquot to confirm correct placement via visualization of expanding anechoic collection below fascia iliaca

Should see effect in less than 10 minutes