

The Anaesthetic Heroic Block: a ultrasound-guided approach of lower extremity nerve blockade in elderly patients requiring surgical repair of femur fractures

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Background: Proximal femoral fractures represent an increasing major healthcare problem due to the demographic changes and the highest mortality among fractures in elderly patients (so-called fragility fractures). In unstable patients and in those with anti-aggregation or anticoagulation therapy, the *anesthetic heroic block*, a combined ultrasound-guided parasacral sciatic, femoral and lateral femoral cutaneous nerve blocks, could represent a realistic alternative. Method: We present the case of 80 year-old female, weight 60 kg, height 165 cm with pertrochanteric proximal femur fracture and with surgical indication of reconstruction with an endoprosthesis. Her past medical history was significant for a history of stroke with secondary aphasia-epilepsy, chronic atrial fibrillation, and severe mitral stenosis. Her domiciliary therapy was with furosemide, bisoprolol, simvastatin, nitroglycerin-TTS, aldactone, and enoxaparin. We obtained informed consent. Before induction of Anaesthetic Heroic Block, routine monitoring was started and an intravenous line was placed. A 5 MHz linear transducer (S-Nerve, SonoSite, Bothell, Washington) was used for femoral, performed with a 37.5 mg ropivacaine 0.75% and 60 mg mepivacaine 2% combination, and for lateral femoral cutaneous nerve block, performed with a 100 mg mepivacaine 2%. A 10 MHz convex transducer (SonoSite, Bothell, Washington) was used for parasacral sciatic nerve block, performed with a 75 mg ropivacaine 0.75% and 80 mg mepivacaine 2% combination. Results: Surgery was started after twenty minutes, during which the patient was comfortable and did not sense any pain. There were no hemodynamic complications. The course of recovery in postoperative intensive care unit was uneventful, and the patient was discharged on the 6th day of admission. Conclusion: Ultrasound guidance permitted the performance of a combined parasacral sciatic, femoral and lateral femoral cutaneous nerve blocks as a realistic alternative in elderly patients in anti-aggregation or anticoagulation therapy requiring surgical repair of femur fractures.

