

The Fascia Iliac Block in Hip Fractures: A Triple Crown Benefit*Lisa K. Cannada, MD; Daniela Gustaitis, BSN, RN; Daniel Ross Briggs, MD;**Todd Michael Hall, MD, MBA**Novant Health, Charlotte, North Carolina, UNITED STATES*

Purpose: The fascia iliac block (FIB) is increasingly used in hip fracture patients. The purpose of our study was to determine the effectiveness of its use in our geriatric hip fracture population in the preoperative holding area.

Methods: Demographic data of hip fracture patients admitted to our orthopaedic hospital from May 2020 to December 2021 were obtained. In May 2021, our hospital implemented use of the FIB in hip fracture patients. The patients received the FIB in the preoperative holding area after meeting criteria for this intervention. We compared pain scores, narcotic medication use, length of stay, physical therapy parameters including getting out of bed (OOB), and total distance ambulated in those who received the block versus those who did not.

Results: There were 87 hip fracture patients in the pre-FIB period serving as control group and 51 patients who received the FIB and 17 who did not using a shared decision-making model. The average age for the control group was 79 years and 83 years for the FIB group. For those who got the FIB, only 23.5% required IV and oral pain medication versus 43.7% of control group—a 20% decrease ($P < 0.05$). In addition, 7.8% of the FIB group did not use any narcotics versus 1% of the control group. 40% of patients who received the block ambulated on the day of surgery and 70% were OOB on postoperative day (POD) 1. There was an increase in distance ambulated on POD 2 for those who received the block (60.2 feet) compared to controls (53 feet). The patients with the FIB group were discharged close to a day earlier (6.9 vs 6.1 days).

Conclusion: The results are promising and in line with the literature. This study found significant differences in narcotic consumption, an important parameter in this population. This study supported a quality evaluation of a protocol that has benefits for our patients leading to less narcotic use, with 40% getting OOB on the day of surgery and 70% OOB on POD 1 and increased distance ambulated on POD 2. The patients were discharged close to a day earlier, making the FIB a “triple crown” benefit to our patients. We will use these data for consideration for FIB across our hospital system.