

FASCIA ILIACA Block

3-IN-1 BLOCK

ALSO KNOWN AS



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Not meant as a comprehensive guide, just a quick reference



Indications

Femoral Neck Fractures. Extensive lacerations to anterior thigh and leg. Consider in elderly that cannot tolerate significant opioid doses.



Nerve Distribution

The three-in-one nerve block may be used to block the femoral, obturator, and lateral femoral cutaneous nerves with a single injection. Coverage from inguinal crease to the knee.



Equipment

- Chloraprep
- 1% Lidocaine (30 mL)
- US, Linear Probe, Sterile Probe Cover
- 5 inch spinal needle. Connector tubing. 60cc Syringe. 10cc Sterile Flush.
- An Assistant.

Make sure to consent the patient, and inform Orthopedics incase of fracture

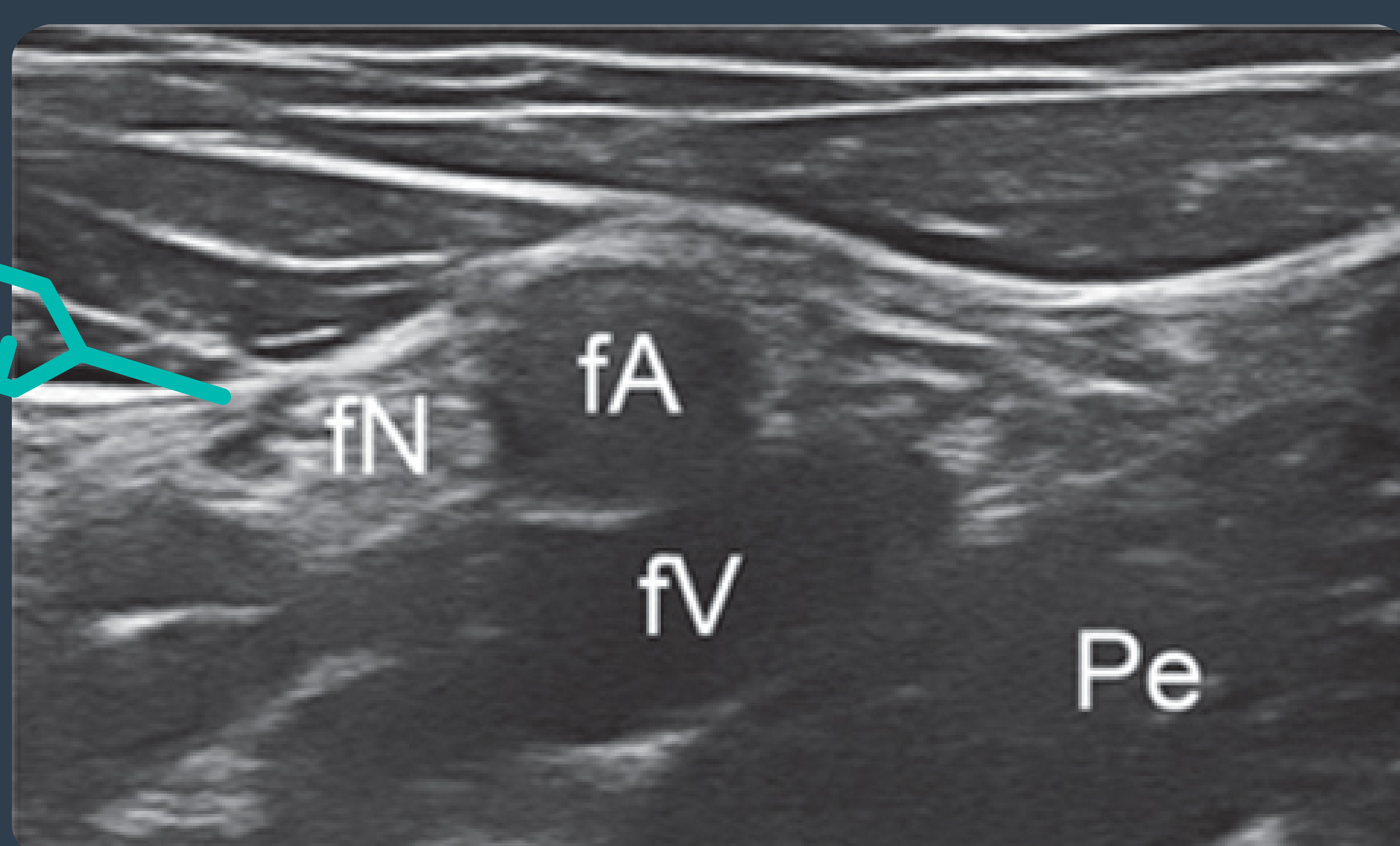
Probe Position



Technique

- Locate your nerve as seen below.
- Clean area with Chloraprep
- Place a wheel of Lidocaine to anesthetize the spinal needle entry point
- Insert spinal needle under US guidance.
- Enter the fascia above the nerve
- Hydro-dissect with saline to separate sheath from nerve
- Once there, switch to your anesthetic syringe and inject 30ml of your anesthetic. Take care not to go above your maximum anesthetic dose
- With fascial blocks, volume matters more than concentration- dilute your anesthetic to avoid going over the maximum dose

US View



Maximum Dose

Lidocaine: 4mg/kg
Lidocaine w/epi max: 7mg/kg
Bupivacaine max: 2mg/kg

Needle Trajectory



Be wary of Local Systemic Anesthetic Toxicity (LAST), which exhibits a biphasic symptomatology

- The classic first symptom is peri-oral numbness or metallic taste
- Patients may become confused and seize->Can Give benzodiazepines.
- This is followed by bradycardia, tachycardia, heart blocks and asystole or ventricular fibrillation/tachycardia.
- Give 100mL of 20% Intralipid rapidly, resuscitate as you would normally.

Know where your Intralipid is. Talk to your pharmacist.



- Always use US
- Always withdraw before injecting
- Avoid in patients under anticoagulation (aspirin is fine)

References

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