

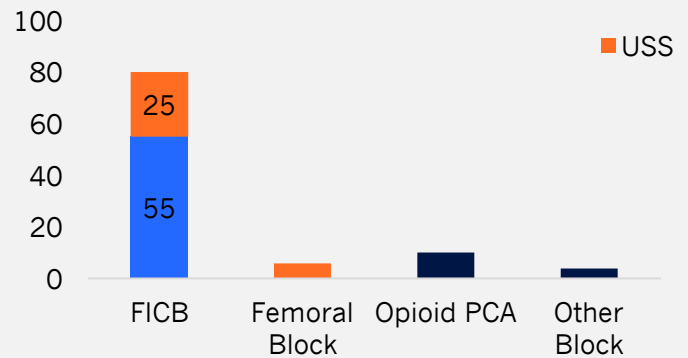
A National Survey of Pre-Operative Analgesia in Patients with Proximal Femoral Fracture

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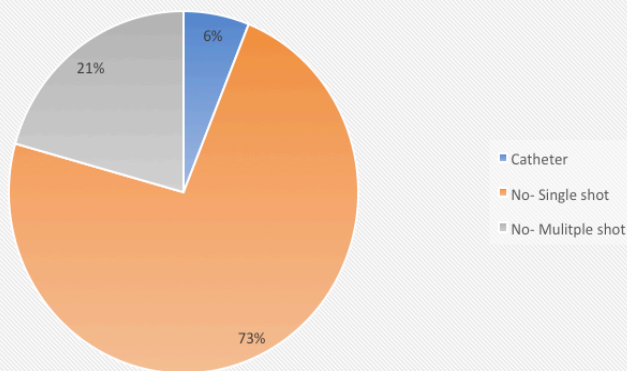
Introduction

National guidelines advocate the provision of regional analgesia for fractured neck of femur patients(1). Between May and September 2016, an online nationwide survey was used to assess the prevalence of such a service in trauma centres. 87 responses were received; 70% of departments surveyed provide a formal service to routinely deliver regional analgesia for fractured neck of femur patients. A Fascia Iliaca compartment or Femoral nerve block was most common practice (86%) with 81% of blocks performed in the Emergency Department by ED doctors. Provision of regional anaesthesia by an anaesthetist was reported in 38% of blocks.

PREFERRED OPTION OF PRE-OPERATIVE NON-ORAL ANALGESIA



Use of Catheter for Local Anaesthetic Infusion (%)

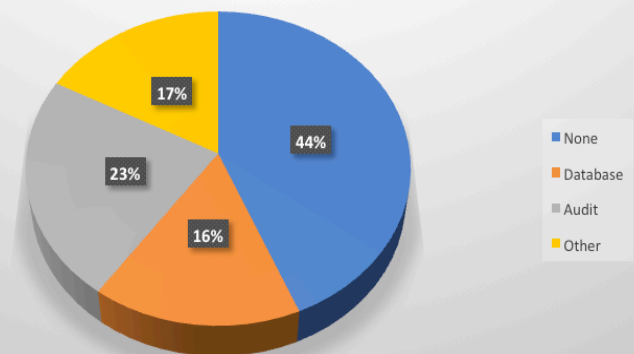


Most departments do not use catheters for local anaesthetic infusions, despite an absence of barriers such as time pressure or high complication rates. Our survey suggests this is potentially due to concerns regarding altered coagulation.

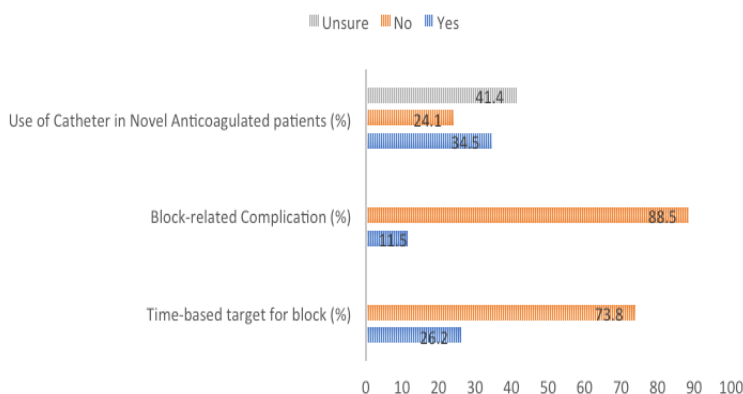
Assessing efficacy of service provision

Although the most departments provide a formal regional analgesia service, 44% do not audit their service and only 23% undertake regular audit.

Mode of Quality Assurance Monitoring (%)



ISSUES RELATING TO REGIONAL ANALGESIA



Conclusion

A regional technique is the preferred analgesic option in fractured neck of femur patients, most commonly provided as a single block by non-anaesthetists using landmark technique. Despite an absence of barriers to catheter insertion for continuous anaesthetic infusions their use is sparse. Few departments ensure robust monitoring of their service. Given these findings, there exists significant scope to increase ultrasound guidance and catheter technique use. Departments should establish formal quality assurance mechanisms to assess their service and ensure optimal patient care.

(1) National Institute for Clinical Excellence, Clinical Guideline CG124