



ILIOFASCIAL BLOCK PRACTICE AT UMC CHU ORAN

Authors:

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Abstract:

The iliofascial block is an analgesic block, which has demonstrated its interest in pre-hospital medicine and in the transport of the patients, it is an easy and fast block to realized and it intended for the analgesia of fractures of the large bones of the lower limb.

Introduction:

Described by Dalens et al., the iliofascial block(BIF) has demonstrated its interest in transport and pre-hospital medicine, the puncture point is located at a distance from the vasculo-nervous packet and does not even require a means of nerve identification (neurostimulator-ultrasound). Its ease and speed of implementation allows us to better manage pain and patient exploration.

Material and Method:

Our study is descriptive prospective extended over a period from January to April 2019 on 41 patients (30H/11F) presenting to CMU for a suspicion of femur fracture and/or 02 leg bones. The BIF was performed by an anesthesiologist. The Dalens method was used and the injection was unique. After skin disinfection with an antiseptic solution, short bevel needle 50mm allowed to inject 0.5 ml/Kg of anesthetic mixture Bupivacaine 0.125% associated with 2% Lidocaine. Excluded from our study: Patient refusal, GCS, < 15, known congenital or acquired hemostasis disorder and known allergy to lidocaine. Patient monitoring (Scope ECG, Non-Invasive PA, SpO₂), peripheral venous pathway installation and nasal oxygen therapy were systematic. antero-internal and lateral thigh as well as antero-internal leg territory, pain was assessed using a simplified numerical scale(SLA) ranging from 0 (= no pain) to 10 (= very intense pain).

Results:

In a 30H/11F population, the circumstances of the accident were 60% following a fall and 40% due to a public road accident. The installation time of the block was on average 20 minutes with significant values from the 10th minute, The sensitive block was installed in almost all patients (04 patients not satisfied). There has not been a difference between patients with a femur fracture and those with a leg fracture. There have been no hemodynamic variations.

Discussion:

This study showed the effectiveness of BIF for analgesia of fractures of large bones of the lower limb, in fact the success rate was estimated at 92% and no total failure was recorded (analgesia still effective), these results are consistent with those presented by AFAR and scholarly societies. The theoretical interests of this technique are its efficiency, its safety and its ease of realization with a prerequisite of training beforehand to face possible complications even non-existent in this study .

Conclusion:

This study showed the effectiveness of BIF which, under safe conditions, resulted in good quality analgesia that improved the comfort of patients during their management.

References: Iliofascial block in pre-hospital medicine for femur fractures. AFAR 24(2005) 617-620

