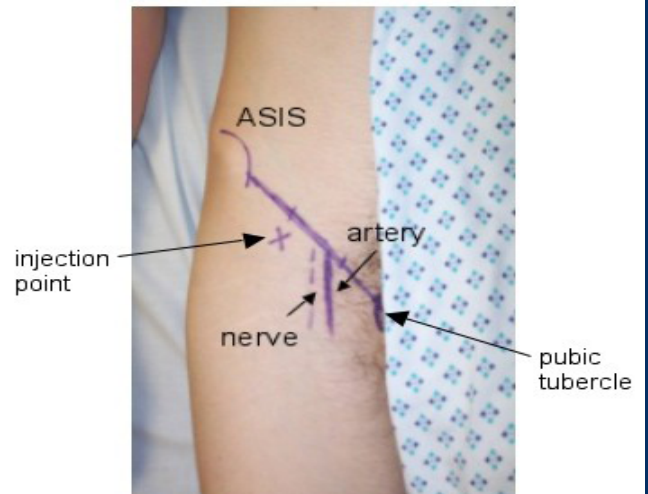
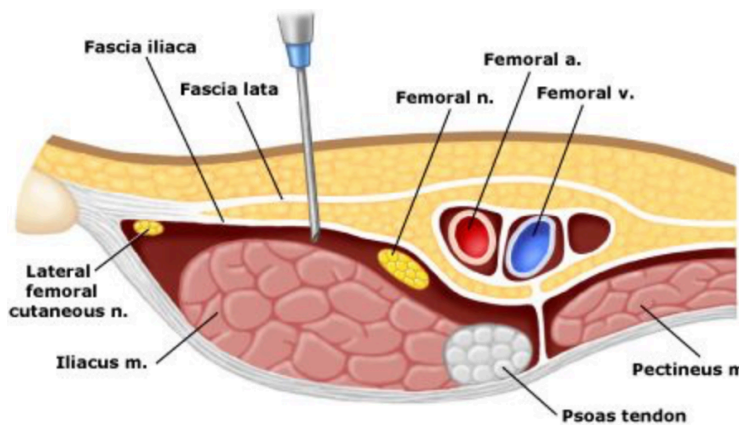




PROCEDURE GUIDE: FASCIA ILIACA BLOCK (FIB)

Please document the procedure on page 2 of the Best Care Bundle document
Data collected for Nationwide ERAS study.



STEP BY STEP GUIDE

<i>Equipment</i>	<ul style="list-style-type: none"> → 2 x 10 mL Ropivacaine 0.75% → 2 x 20 mL syringe and nerve block needle → 2 x 10 mL 0.9% saline <p>Draw each of 10 mL Ropivacaine up in a separate 20 mL syringe and dilute each one up to 20 mL with the saline. Attach the anaesthetic nerve block needle with extension tubing. Flush the solution through to the needle tip.</p>
<i>Landmarks</i>	<ul style="list-style-type: none"> → Draw a line between ASIS and pubic tubercle → Divide the line into thirds → Insertion point is 1 cm inferior to junction between lat & mid 1/3 of this line. → Palpate the ipsilateral femoral pulse. <i>It should be palpable 1.5 to 2 cm medial to the intended injection point. Make sure you stay well away from the pulse</i>
<i>Asepsis</i>	Clean the skin. <i>Aseptic technique. Optional: Anaesthetise the skin using 1% Lignocaine</i>
<i>Technique</i>	<p>Pierce the skin at a right angle to its surface at the injection site with the nerve block needle</p> <p>Once through the skin adjust the needle angle to about 60° directing the tip cranially</p> <p>Advance the needle through two distinct 'pops' as it perforates first the Fascia Lata, then the Fascia Iliaca</p> <p><i>The latter gives a more subtle 'pop'</i></p> <p>Reduce the angle between needle and skin surface to about 30 °degrees and advance the needle further 1 - 2 mm</p>
<i>Aspirate & Inject</i>	<ul style="list-style-type: none"> → If aspiration is negative → start injecting the local anaesthetic. There should be no pain or paraesthesia on injection → If there is any resistance, the needle tip is likely to be within Iliacus muscle → withdraw slightly until injection is easy → If you aspirate any blood → STOP. Do not inject any anaesthetic. Remove the needle and apply direct pressure. Reassess your landmarks. Ask advice from a senior doctor <p>Inject the first 20 mL anaesthetic slowly, aspirating every 5 mL, then change the syringe and inject the remaining 20 mL</p> <p><i>It is common to observe some of the injected fluid coming back through the needle during syringe change</i></p>