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Editorial

Femoral Nerve Block Intervention in Neck of Femur Fracture (FINOF)

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Hip fractures are excruciatingly painful, necessitating lengthy hospital stays. Pain treatment options are confined in the traditional sense. Nonsteroidal Anti-Inflammatories (NSAIDs) are usually contraindicated, and opioids have adverse side effects. To yet, trials have been equivocal as to which blocks should be used and for how long. Interpatient variability is still an issue. Hip fractures remain one of the most serious injuries that occur in older people, with a mortality rate of 10% at one month, 20% at four months and 30% at one year. Many of those who recover suffer a loss in mobility and independence. Approximately half of patients who were previously functionally independent become partly dependent, while one third become totally dependent.

Hip fractures are terribly painful both before and after surgery. Adequate pain management is not just a humanitarian concern, but it can also have a negative impact on recovery. Pain is linked to a higher neurohormonal stress response, cardiac ischemia, and delayed mobility, all of which can expand the time spent in the hospital after surgery and raise the risk of death. Opioids provide adequate analgesia at rest but are inefficient in the treatment of dynamic pain. This is a problem after surgery since patients often report of moderate to severe pain during physiotherapy and ambulation while feeling well at rest. Opioid-related adverse effects are prevalent, unpleasant, and even fatal. Nausea, vomiting, constipation, and stomach emptying are all typical side effects. Delirium, respiratory depression, and death are less common but more significant side effects. Both pre- and postoperatively, regional anaesthesia is a viable alternative to systemic opioids. Delirium is also linked to untreated pain. Paracetamol, Nonsteroidal Anti-Inflammatory Medications (NSAIDS), oral or parenteral opioids, and regional anaesthetic techniques are now used to provide analgesia. When used alone, paracetamol is an effective and safe analgesic, but it is insufficient for a considerable proportion of patients.

- The primary goal of this study is to see if early femoral nerve blockade, followed by the insertion of a femoral nerve catheter and a local anaesthetic infusion, results in an increase in cumulative mobility and a decrease in cumulative dynamic pain in the first three days after surgery for a fractured neck of the femur.
- The secondary goal is to see if using a femoral nerve block early reduces cumulative pain (in the first 180 minutes of admission), reduces cumulative side effects (nausea, vomiting, constipation, and delirium) in the first three days after surgery, reduces overall length of stay, enhances calorific and protein intake, and improves health-related quality of life.

Cumulative ambulation scores (from day 1 to day 3 postoperatively) and cumulative dynamic pain scores will be the primary objectives (day 1 to 3 postoperatively). Preoperatively, the cumulative dynamic pain score, cumulative side effects, cumulative calorific and protein intake, EUROQOL EQ-5D score, duration of stay, and rehabilitation outcome will all be secondary outcomes (measured by mobility score). The popularity and use of ultrasound guidance in regional anaesthesia has shown that block effectiveness can be improved and that these blocks may be put fast.

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