

Analgesic Efficacy of IPACK Block in Primary Total Knee Arthroplasty (90 CASES)

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Abstract : □ Background and aims: Peripheral regional anesthesia has been integrated into most analgesia protocols for total knee arthroplasty which considered among the most painful surgeries with a huge potential for chronicization. The adductor canal block (ACB) has gained popularity. Similarly, the IPACK block has been described to provide analgesia of the posterior knee capsule. This study aimed to evaluate the analgesic efficacy of this block in patients undergoing primary PTG. Methods: 90 patients were randomized to receive either an IPACK, an anterior sciatic block, or a sham block (30 patients in each group + multimodal analgesia and a catheter in the KCA adductor canal). GROUP 1 KCA GROUP 2 KCA+BSA GROUP 3 KCA+IPACK The analgesic blocks were done under echo-guidance preoperatively respecting the safety rules, the dose administered was 20 cc of ropivacaine 0.25% was used. We were to assess posterior knee pain 6 hours after surgery. Other endpoints included quality of recovery after surgery, pain scores, opioid requirements (PCA morphine)(EPI info 7.2 analysis). Results: -groups were matched -A predominance of women (4F/1H). -average age: 68 +/-7 years -the average BMI =31.75 kg/m2 +/- 4. -70% of patients ASA2 ,20% ASA3. -The average duration of the intervention: 89 +/- 19 minutes. -Morphine consumption (PCA) significantly higher in group 1 (16mg) & group 2 (8mg) group 3 (4mg) - The groups were matched . -There was a correlation between the use of the ipack block and postoperative pain Conclusions :In a multimodal analgesic protocol, the addition of IPACK block decreased pain scores and morphine consumption ,

Keywords : regional anesthesia, analgesia, total knee arthroplasty, the adductor canal block (acb), the ipack block, pain

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