



What's Hip in Regional Anesthesia: Quadratus Lumborum vs. Pericapsular Nerve Group Blockade

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Intro

- Several regional techniques have been described for total hip arthroplasty (THA)
- It is important to choose techniques that minimize postoperative pain and preserve motor function
- QL and PENG blocks improve pain outcomes following THA and preserve motor function

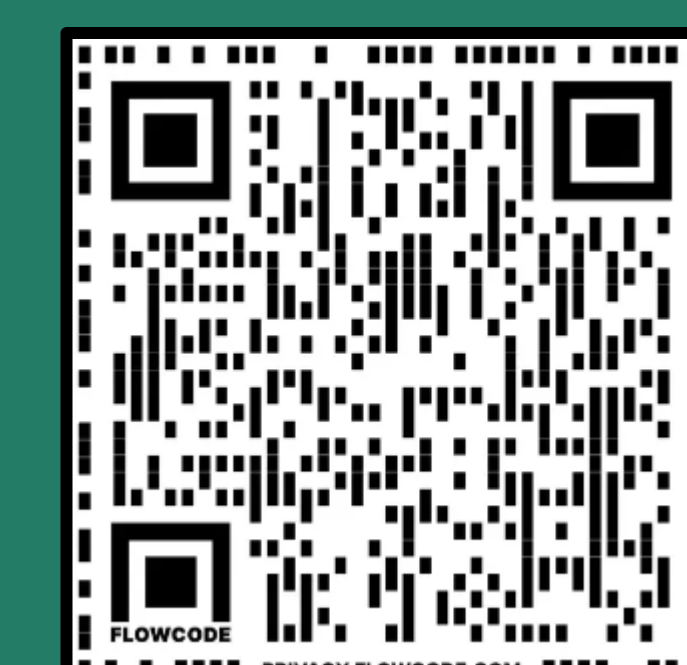
Methods

- Retrospective study examining oral morphine equivalents (OMEs), pain scores (VAS), length of hospital stay, and ambulation distance between groups
- 160 THA patients: 45 received PENG block, 38 received QL block, 77 received no block

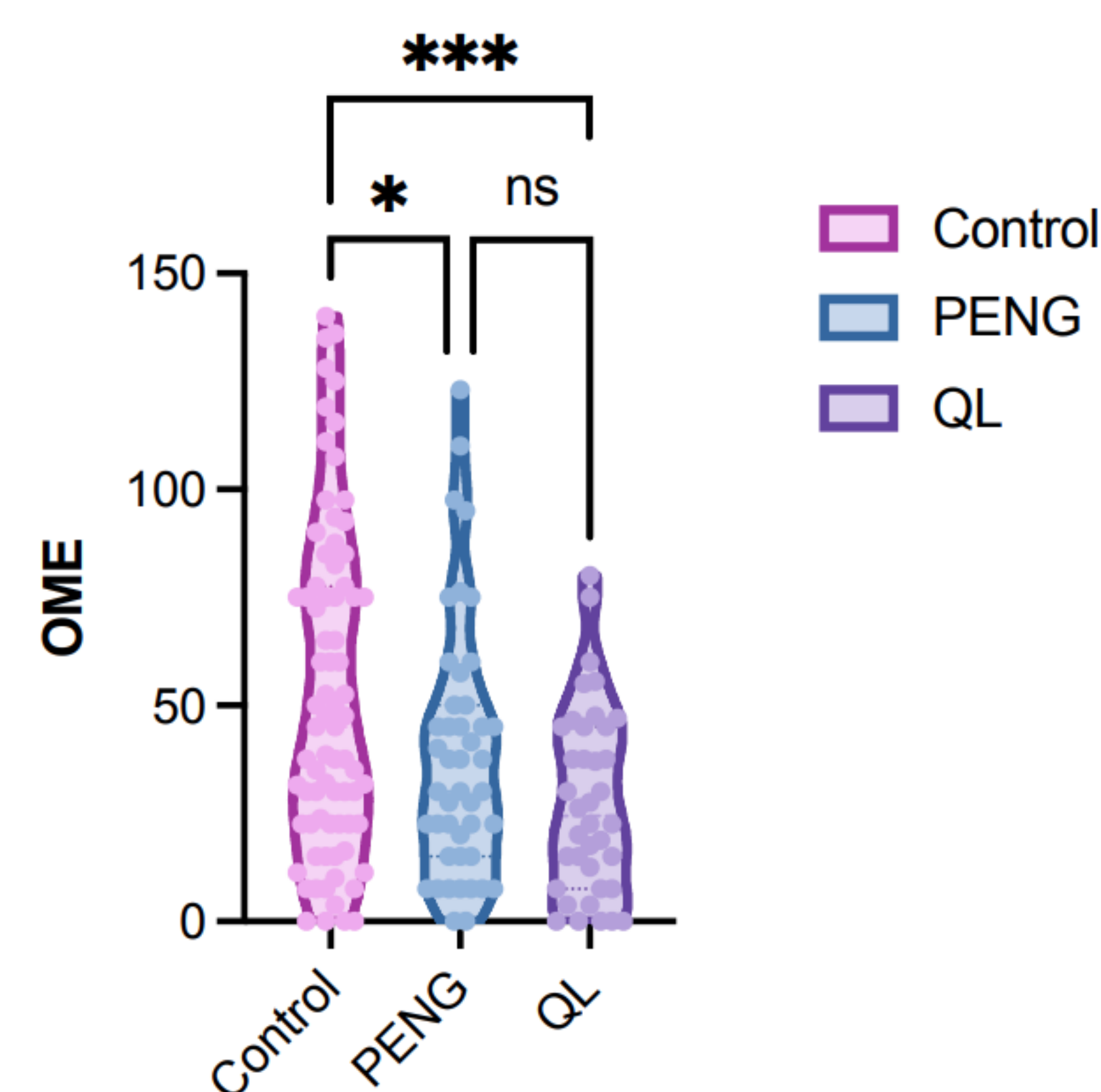
Conclusion

- QL showed improved PACU pain scores compared to PENG, but no difference in OMEs at 24 or 48 hours
- We recommend using motor-sparing regional blocks to ensure adequate analgesia, reduced opiate consumption, and preserved ability to participate in physical therapy quickly after surgery

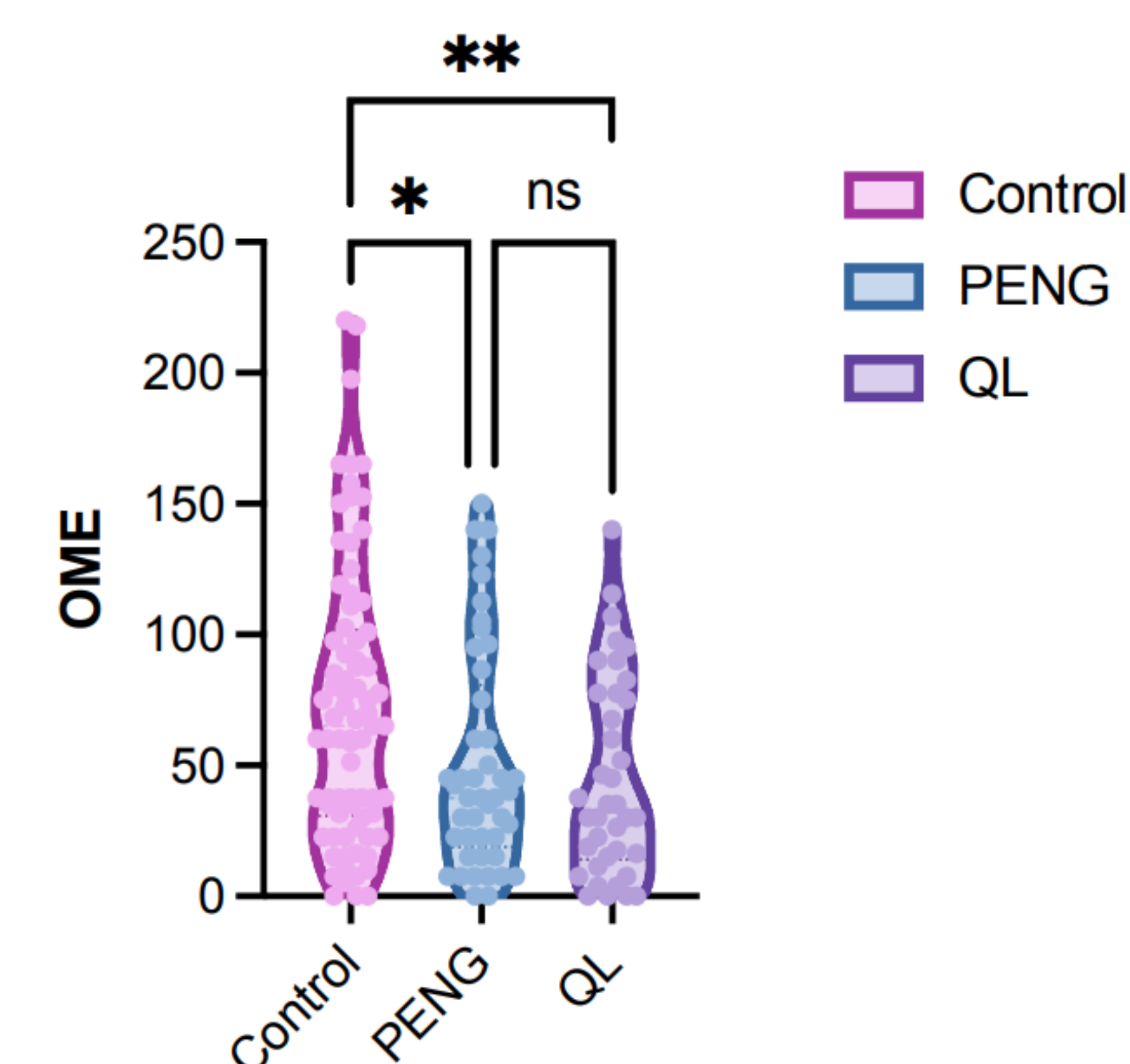
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24 Hour OME

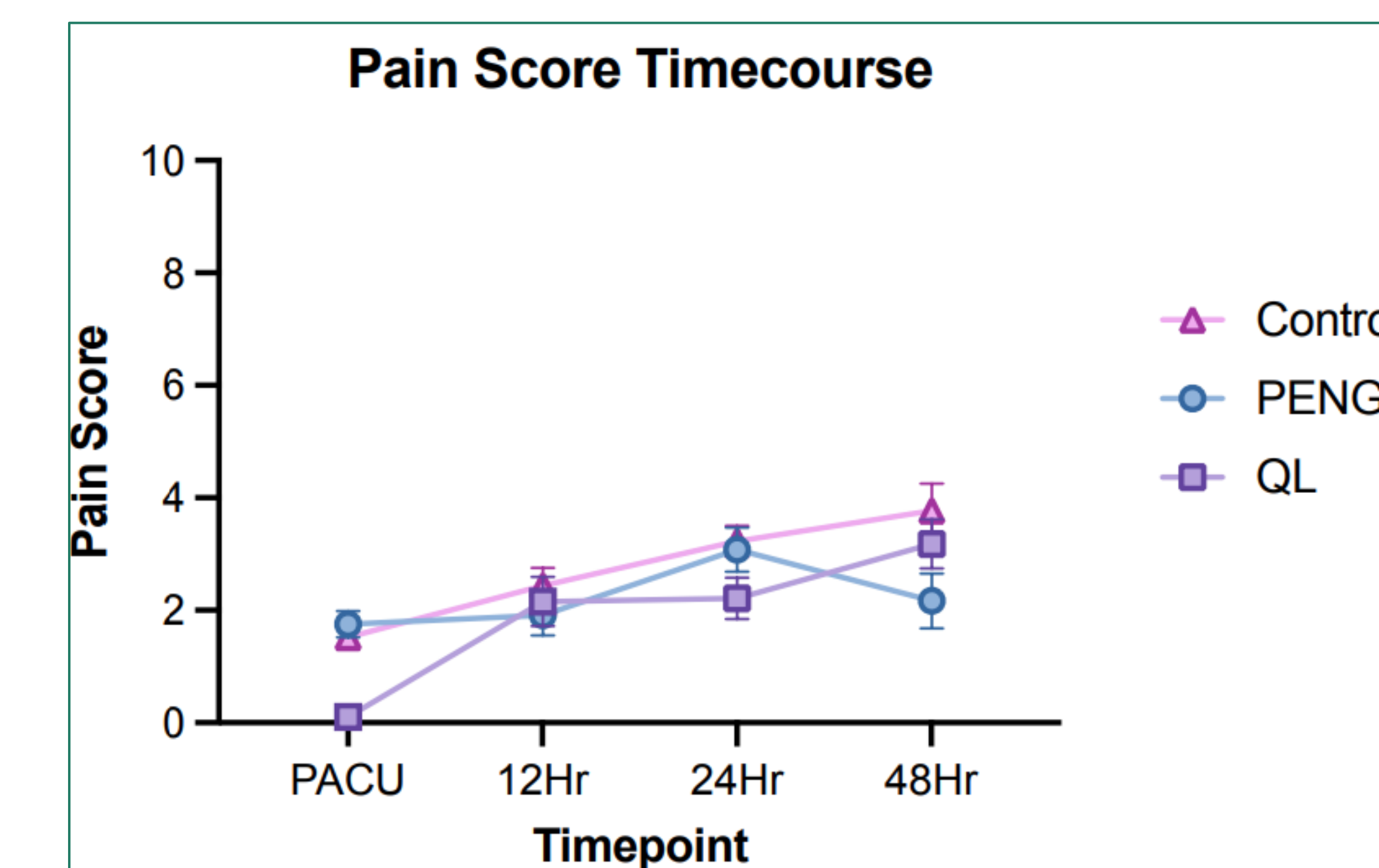


48 Hour OME



Results

- Significant difference in OMEs at 24 and 48 hours were found between QL and control and PENG and control; no difference was found in OMEs between PENG and QL groups
- QL showed significantly lower VAS scores in the PACU compared to PENG and control
- QL and PENG showed no difference in ambulation distance compared to control
- QL was associated with longer length of stay



Discussion

- Regional techniques for THA are challenging due to partial analgesia and complex innervation of the hip
- Postoperative physical therapy is crucial therefore we should aim to preserve motor function
- No significant difference was found in pain scores or OMEs between QL and PENG after PACU discharge
- Both nerve blocks offer improved pain outcomes over no block