

Analgesia for Above-Knee Amputation Debridement: Utility of a Suprainguinal Fascia Iliaca Plane Catheter

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Case Description:

- 65 y/o man, PMHx DMII, HTN, PAD s/p R AKA 3 mos prior
- Presented requiring surgical debridement of AKA wound (**Figure 1**)
- Post-op pain refractory to hydromorphone PCA
- Unable to tolerate dressing changes
- Neuraxial contraindicated d/t SQH administration

Intervention

- Right Suprainguinal Fascia Iliaca Plane Catheter tunneled away from wound site (**Figure 2**)

Result:

- Able to tolerate bedside dressing and wound vacuum changes
- Decreased trips to OR reduced cost and patient exposure to general anesthesia
- No nerve catheter infection

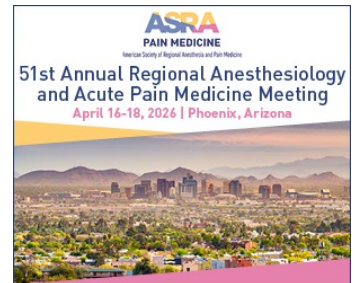
When infection, dressings, or anticoagulation limit traditional regional or neuraxial techniques in patients with proximal lower-extremity amputation, a continuous suprainguinal fascia iliaca plane (SIFIP) catheter can provide analgesia, reduce opioid requirements, facilitate bedside wound care, and decrease operating room utilization.



Figure 1.
Posterior view of right lower extremity wound after debridement



Figure 2.
Ultrasonographic image of Suprainguinal Fascia Iliaca Plane



Discussion:

- Serial lower extremity amputations progress proximally limiting regional anesthesia options
- Fascia iliaca plane blocks provide analgesia when adductor canal or femoral sites are inaccessible
- Proximity of large wounds may increase risk of nerve catheter-associated infections
- Tunneling removes nerve catheters from sources of infection
- Careful evaluation for regional anesthesia opportunities remains essential in patients with progressive limb loss.