

Comments on “The Efficacy of Pericapsular Nerve Group Block Versus Fascia Iliaca Block on Immediate Postoperative Pain and Opioid Consumption After Hip Arthroscopy Randomized Trial”

To the Editor:

In a recent study conducted by Safaa Sayed Noaman et al (1), it was found that the pericapsular nerve group (PENG) block effectively relieved postoperative pain and reduced postoperative opioid consumption when compared to the fascia iliaca block (FIB) after hip arthroscopy. The authors suggest that PENG block may serve as an optimal regional anesthesia technique for hip arthroscopy, providing an alternative to conventional regional nerve blocks like FIB, femoral nerve block, and lumbar plexus block. While we concur with the authors, the comparison between FIB using various ultrasound (US)-guided approaches and PENG still requires additional investigation.

The FIB has been widely advocated and recognized as a valuable technique for regional anesthesia and analgesia in lower limb surgery (2). The introduction of US has facilitated the development of a new method for conducting FIB through the inguinal canal, resulting in a more accurate blocking effect (3). Therefore, it is essential not to overlook the correlation between the diffusion range and blocking effect of FIB with factors such as the approach, injection point, dosage, and other factors (2,4).

This study utilized the FIB technique described by Hebbard et al (3) with US guidance. Twenty mL of 0.5% bupivacaine was injected into the suprainguinal fascia iliaca compartment. This is a new approach for ultrasound-guided supra-inguinal fascia iliaca block. Existing research has shown that this technique provides a more dependable blockade of the target nerves compared to the infrainguinal techniques (5). Nevertheless, further research is necessary to establish the role of this technique in clinical practice.

Furthermore, in our prior study, we introduced a modified in-plane US-guided technique for supra-inguinal FIB (6). This technique involves positioning

a probe in the sagittal plane above the inguinal ligament, and subsequently threading the needle in-plane from cephalad to caudad. The modified in-plane US-guided supra-inguinal FIB technique has provided an effective postoperative analgesic with the satisfactory blockade of femoral, obturator (ON), and sciatic nerves, especially for ON, when compared with the existing techniques.

In conclusion, this is a well-conducted single-center clinical study that compares PENG and FIB in the context of hip arthroscopy. If a larger sample size can be included and various US-guided approaches for FIB are compared in a multicenter study, the results would provide better guidance in clinical practice.

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