in nausea, vomiting and delayed discharge. Lumbar plexus blockade (LPB) has a low complication rate and is superior to opioids for pain control after total hip replacement. However, a dearth of literature exists on using LPB for hip arthroscopy. This study investigated whether the addition of LPB to neuraxial anesthesia reduced postoperative pain.
Methods: Following IRB approval, 82 patients undergoing ambulatory hip arthroscopy were enrolled in this randomized controlled trial. All patients received intravenous sedation, combined spinal-epidural and postoperative hydrocodone/acetaminophen and oral NSAIDs. Study patients additionally received LPB using 30 mL 0.25% bupivacaine (with 5 mcg/ml epinephrine) following quadriceps stimulation. A blinded investigator interviewed patients at 0.5, 1, 2, 3 and 4 hours postoperatively, and via telephone the following day.
Results: Demographics were uniform between groups. Using the General Estimating Equations method, the LPB was shown to reduce pain at rest in the PACU (mean NRS 3.3±2.2 for LPB versus 4.2±1.8 for CSE-only patients). Non-significant trends in analgesic usage (21mg oral morphine equivalents vs. 29mg), pain with movement (NRS of 4.0 vs. 5.0), and patient satisfaction (8.6/10 vs. 7.9/10) also favored the intervention. There were no associated neurovascular complications from the LPB but there were two falls in the LPB group, without injury.
Discussion and Conclusion: LPB combined with a multimodal analgesic regimen reduced pain on the day of hip arthroscopy surgery and can be considered for reduction of short-term pain. The absence of significant improvement in secondary outcomes suggests that risk-benefit assessment of LPB for hip arthroscopy patients should be individualized.

Paper 44: Femoral Nerve Blocks are Effective for Post-Operative Pain Control after Hip Arthroscopy
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SUMMARY

By all criteria studied (quality of pain relief, length of stay in the PACU, side effects and patient satisfaction), a femoral nerve block is an excellent alternative to routine narcotic pain medication in patients undergoing hip arthroscopy.

DATA
Purpose: To evaluate the utility of femoral nerve blocks in post-operative pain control after hip arthroscopy.
Methods: Forty consecutive patients scheduled for hip arthroscopy were randomized into two groups for post-operative pain control. Half were to receive routine intravenous narcotics for pain scores of seven or above in the PACU, the other half were to receive a femoral nerve block in the PACU for the same pain scores. Data was compared with respect to patient sex, age, nausea, overall satisfaction with analgesia, and duration of time in the PACU.
Results: Thirty-six patients had initial pain scores of seven or greater. Sixteen were randomized to receive post-operative morphine, and twenty to receive a femoral nerve block. There were no significant differences between the two groups with respect to sex or age of the patients. Patients who received morphine had a significantly longer time to discharge from the PACU (216 mins) than the femoral nerve block group (177 mins). The morphine group was also significantly more likely to report post-operative nausea (75%) than the femoral nerve block group (10%). Patients receiving femoral nerve blocks were significantly more likely to be satisfied with their post-operative pain control (90%) than those who had received morphine (25%). All of the patients receiving femoral nerve block stated that they would have the block again if they needed another hip arthroscopy.

Paper 45: Effects of Platelet-Rich Plasma (PRP) on the Management of Early Postoperative Pain and Inflammation Following Hip Arthroscopy in Patients with Femoroacetabular Impingement: A Prospective, Double Blinded, Randomized, Placebo Controlled, Clinical Trial
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SUMMARY

A prospective, randomized and double blinded placebo controlled clinical trial was conducted to evaluate early postoperative pain management and inflammation in pa-