

CONTINUOUS FEMORAL NERVE BLOCKS AND THE CHRONIC PAIN PATIENT

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Purpose: In the chronic pain patient (CPP) total knee replacement population; what is the effect of a continuous nerve block (CPNB) on ambulation distance, PRN and total narcotic consumption, pain ratings, and nausea as compared to the chronic patient total knee replacement receiving a single shot femoral nerve.

Methods: Data was collected retrospective and concurrent for 45 single shot patients, compared to 60 continuous peripheral nerve blocks, and then the data was further evaluated to capture the chronic pain patients. A Tracking tool was developed to collect and analyze patient's pain scores, ambulation distances, nausea, total and PRN opioid consumption. The Internal Institutional Review Committee granted approval and the study began.

Results: The average pain score for the chronic pain patient with a CFNB was 1.86 as compared to a single shot injection of 2.9. Chronic pain patients with a CFNB had a reduction in opioid consumption (measured in Morphine equiv.) of **24%**, compared to single shot femoral nerve blocks. The chronic pain patient with a CFNB had a 5% reduction in PRN opioid consumption as compared to the single shot nerve block. Chronic pain patients with a CFNB walked 50% further as compared to the CPP with a single shot patient. The CPP had a drop in medication required for nausea from 21% to 9% as compared to the single femoral shot patient.

Discussion: The CFNB for the CPP proved statistically significance in ambulation distances and medicine required for nausea as compared to the single femoral nerve block patient.