INTRODUCTION

Post operative pain control and current recommendations for early ambulation are challenges in TKA patients. Femoral nerve blocks (FNB) commonly used for TKA. Significant muscle weakness associated with FNB. Adductor canal block (ACB) claims similar analgesic actions with less quadriceps weakness. Preservation of quadriceps strength enables earlier ambulation.

RESULTS

Little to no negative effects on quadriceps strength. ACB outperformed FNB in muscle strength and ambulation. Consistently lower pain scores when evaluated against placebo. Analgesic properties were equivalent to FNB. Proximal placement showed less opioid requirements. Prolonged analgesia effects with continued mobility benefits in continuous catheters. Used in combination with multimodal analgesic regimen. Inconsistent reports of decreasing total opioid consumption.

DISCUSSION/CONCLUSION

Mild quadriceps weakness may be caused by vastus medialis blockade, surgical effects, or movement limited by pain. Establishing optimal concentrations, volumes, adverse effects and potential additives require further research. No current reports of saphenous nerve injury from ACB. Expert knowledge in landmark identification recommended for clinical and didactic educators. Consider ACB as a viable option in a multimodal approach to postoperative pain management in TKA patients.

KEY REFERENCES