



Fascia Iliaca Compartment Block

Quick Guide

Any patient. Anywhere. Anytime.



Information contained in this document is meant for quick reference and a supplement to formal ultrasound experience, education or training.

Fascia Iliaca Compartment Block (FICB)

Objective

Injection of local anesthetic deep to the Fascia Iliaca and superficial to the Iliacus Muscle targeting the Femoral Nerve, Lateral Femoral Cutaneous Nerve and the Obturator Nerve for surgeries of the hip.

Technique:

- Begin by placing the transducer longitudinally and centered over the Anterior Superior Iliac Spine.
- The transducer is rotated 20-30 degrees and moved medially 1/3 of the distance to the pubic symphysis.
- The "bow tie" structure will be identified by ultrasound and consists of the Sartorious Muscle, Internal Oblique Muscle, Fascia Lata, Fascia Iliaca and Iliacus Muscle.
- An in-plane approach with the needle inserted inferiorly to the transducer is recommended.
- The needle is advanced through the Fascia Iliaca.
- Local anesthetic is injected deep to the Fascia Iliaca and superficial to the Iliacus Muscle.

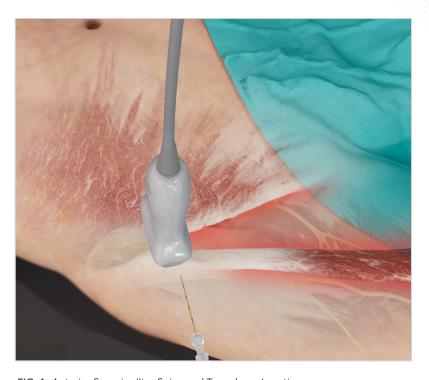


FIG. 1: Anterior Superior Iliac Spine and Transducer Location

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Clinical Pearls

Patient Positioning:

Supine

Transducer:

L12-3, L15-4

Teaching Points:

- The Fascia Iliaca Compartment Block is a fascial plane block.
 Like most fascial plane blocks, the success of the block is volume dependent.
- After initial injection, the needle may be advanced superiorly to ensure proper spread of local anesthetic.
- The FICB is a motor and sensory nerve block.
- The Sartorious Muscle and Internal Oblique muscle create the "Bow Tie" shape seen by ultrasound examination.
- The correct needle approach should elicit 2 distinct pops while entering the Fascia Lata and the Fascia Iliaca respectively.



FIG. 2

- 1. Superior
- 2. Fascia Lata
- 3. Internal Oblique Muscle
- 4. Iliacus Muscle

- 5. Fascia Iliaca
- 6. Satorious Muscle
- 7. Inferior

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