

# Complete femoral nerve block following blind ilioinguinal local anaesthetic blockade for inguinal hernia repair

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## Abstract

Inadvertent femoral nerve palsy has been previously described following ilioinguinal nerve block. At a time when increasing numbers of inguinal hernia repairs are being performed as day case procedures, it is important to raise the awareness of this potential complication. We present one such case, which required admission.

## Keywords

Anaesthetic techniques; regional : inguinal block.

## Case history

A 51-year-old male patient underwent an elective left inguinal hernia repair under general anaesthetic in the day case unit. Prior to the procedure the patient was given a percutaneous ilioinguinal nerve block, with 15 ml of 0.5% bupivacaine, by a consultant anaesthetist using a standard technique. Following the procedure the patient was found to have a sensory deficit in the distribution of the left femoral nerve and a complete left quadriceps paresis. The patient was admitted overnight and was discharged the following morning having made a complete recovery.

## Discussion

Inadvertent femoral nerve block has been previously described in the literature as a complication of ilioinguinal blockade for inguinal herniorrhaphy<sup>[1, 2]</sup>. If the local anaesthetic agent is injected deep to the internal oblique it can track down over the iliacus fascia and collect around the femoral nerve<sup>[2]</sup>.

The Royal College of Surgeons of England published clinical guidelines for the management of groin hernia in adults in 1993. According to these guidelines at least 30% of all hernia repairs should be performed as day cases<sup>[3]</sup>. A recent review of practice suggested that over 50% of patients could be operated on as day cases<sup>[4]</sup>.

With an increasing tendency to perform inguinal hernia repair in day surgery units, any complication which necessitates admission needs to be minimised. Preoperative ilioinguinal block has not been shown to be superior to postoperative infiltration of the ilioinguinal in clinical trials despite theoretical advantages<sup>[5]</sup>. We report this case to heighten awareness among colleagues of

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this complication and suggest that blind preoperative ilioinguinal nerve block should be avoided, as it has no benefits over intraoperative ilioinguinal infiltration under direct vision.

## References

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