

**Title:** Comparison of periarticular infiltration, pericapsular nerve group, and suprainguinal fascia iliaca blocks on postoperative quality of recovery 15-items and timed-up and go test in total hip arthroplasty: preliminary results from a randomized clinical study.

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**Objective:** To evidence eventual differences in quality of recovery (15-items scale, QoR-15) and walking performance among patients receiving total hip arthroplasty (THA) with spinal anesthesia (SA) and either a supra-inguinal fascia iliaca block (SFIB), a pericapsular nerve group block (PENG), or a periarticular surgical infiltration (PAI) as regional analgesia techniques.

**Background:** Multimodal analgesia is of pivotal importance for improving functional recovery after THA. Regional techniques such as SFIB, PENG, and PAI are key in this respect.<sup>1</sup> Assessing the interest of those techniques as best treatment option necessitates to measure patient-related outcomes.<sup>2</sup> The purpose of our study is to investigate possible differences between these 3 techniques with regard to functional recovery and patients' walking performance.

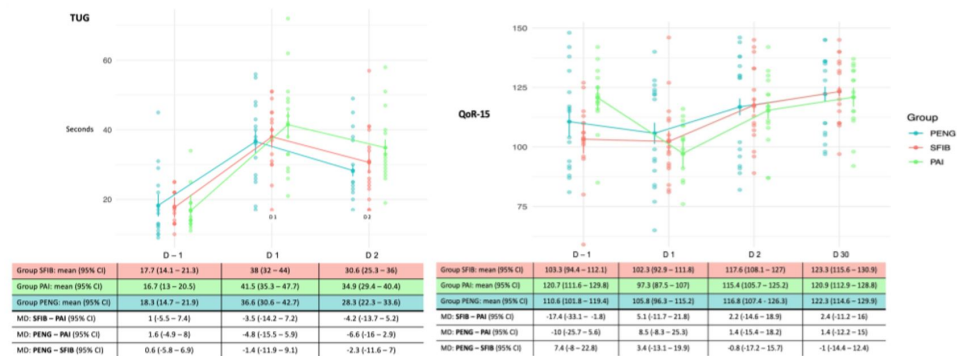
**Methods:** Between January 11 and May 10, 2023, 47 patients scheduled for THA were enrolled in this prospective, double-blinded, randomized, controlled trial. Approval was obtained from the 'Comité d'Ethique Hospitalo-Facultaire Universitaire de Liège (study number: 2022/174) and registered in the European Clinical Trial Register (EudraCT:2022-002250-97) before the first inclusion. All consenting patients received SA and were randomly divided into three groups. The SFIB group received additional SFIB (40mL ropivacaine 0.375%) and sham PAI, the PENG group received PENG (20mL ropivacaine 0.75%) and sham PAI, and the PAI group received either sham SFIB or PENG and real PAI (40mL ropivacaine 0.375%). A blinded observer recorded the QoR-15 1 day before surgery (D-1), and at day-1 (D1), day-2 (D2) and day-30 (D30) after surgery. The walking performance was assessed using the timed-up-and-go (TUG) test at D-1, and at D1 and D2. Data were analyzed using GLMM tests with Bonferroni correction for multiple comparisons. A two-tailed P-value <0.05 was considered statistically significant.

**Results:** Demographic characteristics were comparable between groups. A significant interaction between time and group was found for QoR-15 ( $F_{(4,2/93.4)}=6.74$ ;  $P<0.001$ ), but not for TUG ( $F_{(3,4/75.2)}=2.07$ ;  $P=0.1$ ). Post hoc comparisons for QoR-15 reveal that the interaction significantly favors the SFIB group over PAI due to a preoperative and not clinically relevant mean difference (95% CI) of 17.4 (33.1 - 1.8,  $P=0.02$ ).

**Conclusions:** In THA, PENG, PAI and SFIB are equivalent regarding postoperative walking performance as tested by TUG and functional recovery as measured by the QoR-15 over first 30 postoperative days. These results need to be confirmed once the planned sample size of the study (219) will have been reached.

**Declaration of interests:** The authors declare having no conflict of interest to disclose in relation with this work.

**Funding:** This work was supported by the Department of Anesthesia and Intensive Care Medicine, Liege University Hospital, Liege, Belgium



**Figure:** TUG and QoR15-15 one day before surgery (D-1), and at day-1 (D1), day-2 (D2) and day-30 (D30) after surgery. Within group means and between-group mean difference (MD) with 95% confidence intervals (95%CI) are provided in the tables below each figure. 95% CI of the mean difference indicates a statistically significant difference when not comprising the value 0.

## References:

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2. Kukreja P, Uppal V, Kofskey AM, et al. Quality of recovery after pericapsular nerve group (PENG) block for primary total hip arthroplasty under spinal anaesthesia: a randomised controlled observer-blinded trial. *Br J Anaesth.* 2023 Jun;130(6):773-779.