

In response to, PENG block: Advantages of out-of-plane approach

Sir,

We thank the readers for their interest in our recent publication and also supporting our point of view that, out-of-plane (OOP) approach is a feasible alternative and it will further enhance the utility of pericapsular nerve group (PENG) block.^[1,2]

We fully agree with the suggestion that experience of the performer is the pre-requisite for safe conduct of any approach of PENG block. We also agree with the concerns raised by the authors about possible risks during in-plane approach of PENG block, suggestions to avoid them and the use of OOP approach as an alternative.^[3] To further improve the safety profile of OOP approach, we strongly recommend that blunt tip nerve stimulating block needle attached with nerve stimulator should be used to avoid any inadvertent femoral nerve injury.^[4]

As far as catheter insertion in OOP approach is concerned, we have limited experience. However, once hydro-dissection is done with saline and bevel is directed medially, we did not find any difficulty in successful catheter insertion in first attempt in two of our patients (unpublished data) [Figure 1].

Last but not the least, the use of ultrasound is ideal for safe conduct of PENG block by any approach. However,

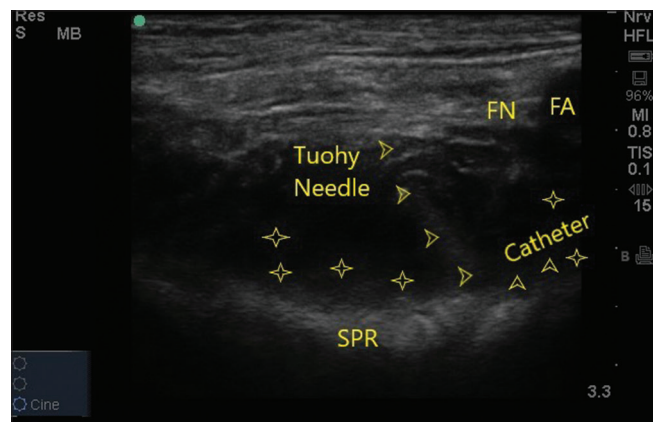


Figure 1: Out-of-plane PENG block sonographic image shows catheter insertion through Tuohy needle. *hydro-dissection with saline, FA-femoral artery, FN-femoral nerve, SPR-superior pubic ramus

OOP approach can also be used with the help of nerve stimulator and landmark-based technique in low resource settings where ultrasound is not available.^[2]

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Conflicts of interest

There are no conflicts of interest.

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