

IPACK BLOCK FOR PERSISTENT POSTERIOR KNEE PAIN AFTER TOTAL KNEE ARTHROPLASTY: A CASE REPORT

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Background

Effective postoperative analgesia is essential for early mobilization and rehabilitation following total knee arthroplasty (TKA). Despite multimodal analgesia and opioid administration, posterior knee pain may remain difficult to control. The IPACK (Interspace between the Popliteal Artery and Capsule of the Knee) block is an ultrasound-guided technique designed to provide posterior knee analgesia while minimizing motor blockade.

Case Presentation

A 54-year-old woman underwent total knee arthroplasty and subsequently developed severe persistent pain localized predominantly to the posterior aspect of the knee. Despite opioid-based analgesia, the patient continued to report significant pain, particularly during mobilization. An ultrasound-guided IPACK block was performed as an adjunct to the existing analgesic regimen.

A progressive improvement in pain was observed following the block. Within 40 minutes, the patient's posterior knee pain had markedly subsided, with pain intensity decreasing to 1/10 during walking. At 60 minutes after the block, the patient was mobilized and able to walk. No clinically significant motor impairment or procedure-related complications were observed.

Conclusion

This case demonstrates the potential effectiveness of the IPACK block in treating persistent posterior knee pain following total knee arthroplasty. Its rapid analgesic effect and preservation of motor function may facilitate early mobilization and rehabilitation, making the IPACK block a valuable component of multimodal analgesia after TKA.

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