

Type of procedure	Unimalleolar fracture: no block, spinal or GA only. Bi-/trimalleolar fracture: popliteal/saphenous block
Airway	LMA or intubation depending on position
Anesthesia maintenance	Fentanyl + Sevoflurane
Epi / Spinal	Spinal or general anesthesia
Premedication	Paracetamol + COX inhibitor + Oxycodone
Tips for the anesthesiologist	Adapt monitoring to procedure type. Consider positioning, pain control and PONV prophylaxis.
Recommended vascular access	Peripheral IV $\times$ 1–2 (18–20G). Arterial line if major procedure or ASA $\geq$ 3.