

*The method of spinal anesthesia (SA) in the supine position in patients with multiple trauma who can't provide lateral or sitting position was proposed. The aim of the study was to compare the characteristics of the neuroaxial block and safety with traditional spinal anesthesia.*

**Methods.** *It is included 120 patients with femur or pelvis fractures: 36 - SA was performed in the supine position and 84 – in sitting or lateral positions. We evaluated the severity of pain on a visual analogue scale (VAS), comfort during manipulations, time to achieve and level of sensory and motor blocks, anesthesia duration and adverse events (AE). The Chi-square and Mann-Whitney tests were used.*

**Results.** *In both groups there was a rapid onset central unit, excellent level of anesthesia, motor block and duration of anesthesia. The incidence of clinically significant AEs (hypotension, bradycardia) groups had no statistically significant difference. In both groups all attempts spinal anesthesia were succeeded and we need more time for manipulation in supine group, but although not statistical significant.*

**Conclusions.** *Using spinal anesthesia in supine position in patients with multiple trauma can reduce the intensity of pain during manipulation. SA in the supine position on the characteristics of the neuroaxial block and safety does not differ from SA with lumbar puncture in the traditional sitting or lateral positions*

**Keywords:** *multiple trauma, spinal anesthesia, patient position, safety, efficiency*