

The efficacy of ultrasound guided transversus abdominis plane block in patient undergoing hysterectomy

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Introduction with Hypothesis: Our aim was to evaluate the efficacy of ultrasound guided transversus abdominis plane (TAP) block and bupivacaine infiltration of skin and subcutaneous tissue in patients undergoing hysterectomy.

Methods: The patients undergoing hysterectomy were randomly allocated into three groups. After standardized anesthesia protocol patients in Group 1(n=18) received bupivacaine (20 ml) while group 2(n=17) received saline (20 ml) with bilateral TAP block. In group 3 (n=19) the skin was infiltrated with 0.250 % bupivacaine (20 ml) at the end of the surgery. All the patients received patient-controlled intravenous tramadol. Patients were assessed for VAS score, tramadol consumption, and the need for rescue analgesia by a blinded investigator at 0, 2, 4, 6, 24th hours postoperatively.

Results: There were statistically significant decrease in pain scores in Group 1 and 3 compared to group 2 at 0, 2, 4 and 6th hours. Tramadol consumption was found to be lower in groups 1 and 3 compared to 2 at first 2 hrs. Mean of total tramadol consumption (160 mg, 220 mg, 280 mg respectively) and mean of rescue analgesic requirements (0.00, 0.31, 1.22 respectively) were also lower in groups 1 and 3 compared to groups 2.

Conclusion: Pain scores were lower first 6 hrs after surgery in TAP and infiltrations groups, however opioid consumption and requirements were lower in TAP block. TAP block was found to be more effective compared to infiltration.