BILATERAL TAP BLOCK PRESERVES THE SIGNS OF PERITONEAL IRRITATION

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Abstract

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BILATERAL TAP BLOCK PRESERVES THE SIGNS OF PERITONEAL IRRITATION

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Text:
We report a case of a patient with hemoperitoneum after a laparoscopic cholecystectomy, he had received a bilateral TAP block. He did not complain of pain until 1 hour when he referred abdominal pain and he had signs of peritoneal irritation, haemodinamic instability and a falling hemoglobin. An emergency laparotomy was performed finding a hemoperitoneum of 4000cc, loss of the cystic artery clamp.

The abdominal pain is transmitted by two different ways to the central nervous system , cerebrospinal or somatic nerve fibers. (from receptors in the skin and parietal peritoneum), and visceral peritoneum to the dorsal root ganglia, and their central axons project into the spinal cord (figures 1,2).
Materials and methods: We evaluate the chart of a patient who underwent the laparoscopic cholecystectomy on outpatient.
Discussion: Due to the pain pathways in the abdominal cavity the TAP block do not block the signs of peritoneal irritation giving a practical tool for pain management.
Conclusion: The TAP block is used like a part of a scheme for handling POP multimodal analgesia after endoscopic surgery not only reduces pain POP, but increases the quality of the recovery of surgery patients.
Although the majority of trials reviewed suggest superior early pain control, they were unable to definitively identify the surgical procedures, dosing, techniques, and timing that provide optimal analgesia following TAP block. This review suggests that our understanding of the TAP block and its role in contemporary practice remains limited. and the TAP block preserves the signs of complications.

Author Keywords:
Tap Block, Peritoneal Irritation, Hemoperitoneum, Laparoscopic Cholecystectomy

Kind regards,

Cordula Moerker
Abstract Team