



شبكة المعلومات الجامعية
التوثيق الإلكتروني والميكروفيلم

بسم الله الرحمن الرحيم



MONA MAGHRABY



شبكة المعلومات الجامعية
التوثيق الإلكتروني والميكرو فيلم



شبكة المعلومات الجامعية التوثيق الإلكتروني والميكرو فيلم



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التوثيق الإلكتروني والميكروفيلم

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



MONA MAGHRABY

**Effect of the Modified Surgeon Assisted Bilateral
TAP block on time required for first analgesic dose
after Cesarean Section under spinal anesthesia:
A Randomized, placebo-controlled,
double blinded clinical trial**

A Thesis

Submitted for partial fulfillment of Master degree
in Obstetrics & Gynecology

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2021**



Acknowledgments

First and Foremost, thanks to “Allah” the Most Gracious and the Most Merciful, who helped me through this work and supported me to pass through all the difficulties encountered in this work.

I would like to express my deepest thanks and endless gratitude to “**Prof. Dr. Adel Shafik Salah El-din**”, Professor of Obstetrics and Gynecology, Faculty of Medicine, Ain Shams University, for his kindness and valuable supervision and instructions throughout this work.

Also, I would like to express my sincere thanks and deepest appreciation to “**Prof. Dr. Ahmed Mohamed Mamdoh**”, Assistant Professor of Obstetrics and Gynecology, Faculty of medicine, Ain Shams University and “, for their great support, unlimited assistance, sincere guidance, kind care, and fruitful remarks
Also, I would like to express my sincere thanks to “**Dr. Ahmed Mohammed El maraghy**”, Lecturer in Obstetrics and Gynecology, Faculty of Medicine, Ain Shams University for their assistance at every stage of the research project.

I would like to expand my thanks to the **patients** in our study and to all staff members of the department of Obstetrics and Gynecology, Ain Shams University, to my colleagues, and everyone who helped me for this work to appear in its present form.

Finally, I am grateful to my **Parents** and my **Family** who helped me a lot throughout this work. None of this would have been possible without their prayers and love.

 **Mohamed Adel Ahmed Azab**

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List of Abbreviations

<i>Abbr.</i>	<i>Full-term</i>
<i>ASA</i>	<i>American Society of Anesthesiologists</i>
<i>ASIS</i>	<i>Anterior Superior Iliac Spine</i>
<i>BMI</i>	<i>Body Mass Index</i>
<i>EOM</i>	<i>External Oblique Muscle</i>
<i>ICU</i>	<i>Intensive Care Unit</i>
<i>IIN</i>	<i>IlioInguinal Nerves</i>
<i>IOM</i>	<i>Internal Oblique Muscle</i>
<i>IHN</i>	<i>IlioHypogastric Nerve</i>
<i>IM</i>	<i>Intramuscular</i>
<i>IV</i>	<i>Intravenous</i>
<i>TAP</i>	<i>Transversus Abdominis Plane</i>
<i>TAM</i>	<i>Transversus Abdominis Muscle</i>
<i>LFCN</i>	<i>Lateral Femoral Cutaneous Nerve</i>
<i>NSAIDs</i>	<i>NonSteroidal AntiInflammatory Drugs</i>
<i>LA</i>	<i>Local Anesthesia</i>
<i>PCA</i>	<i>Patient-Controlled Analgesia</i>
<i>NMDA</i>	<i>N-methyl-D-aspartate</i>
<i>PONV</i>	<i>PostOperative Nausea and Vomiting</i>
<i>QL</i>	<i>Quadratus lumborum</i>
<i>VAS</i>	<i>Visual Analogue Scale</i>

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PROTOCOL OF A THESIS FOR PARTIAL FULFILMENT OF MASTER DEGREE IN OBSTETRICS & GYNAECOLOGY

Title of the Protocol:

Effect of the Modified Surgeon Assisted Bilateral TAP block on time required for first analgesic dose after Cesarean Section under spinal anesthesia: A Randomized, placebo-controlled, double blinded clinical trial

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What is already known on this subject? AND

What does this study add?

While opioids are the mainstay for post-operative analgesia after caesarean section, they are associated with various side effects. Ultrasound guided transversus abdominis plane (TAP) block has been postulated to provide effective analgesia for caesarean section. However a new technique in TAP block is described which can be used safely by a beginner without any fear of complication which will help in providing good postoperative analgesia to maximum number of patients.

This study will evaluate the analgesic efficacy of TAP block using Modified Surgeon Assisted Bilateral TAP block for post caesarean analgesia in a randomized controlled trial.

1.INTRODUCTION/ REVIEW (maximum 1000 words)

Acute severe pain after cesarean delivery is frequent. At least 10 to 15% of the women develop chronic pain (**Sriramka et al., 2012**). Effective postoperative analgesia after caesarean section is important because it enables early ambulation and facilitates breast-feeding (**Blanco et al., 2015**).

The administration of opioids, local blocks and other analgesic medication is instituted to decrease the duration and intensity of postoperative pain as a part of a multimodal analgesic regimen (**Sriramka et al., 2012**). The transversus abdominis plane (TAP) block

is a regional analgesic technique which blocks T6–L1 nerve branches and has an evolving role in postoperative analgesia for lower abdominal surgeries (**McMorrow et al., 2011**).

In postoperative analgesia, efficacy of TAP block is equivalent to morphine with the additional benefits of increasing duration of analgesia, reducing postoperative opioid usage, with satisfactory pain relief and few side effects (**Ahmad et al., 2019**).

The TAP block avoids the risk of neuraxial complications and opioid complications in all patients. TAP block the neural afferents of the anterior abdominal wall after spreading of the local anesthetic agent in the neurofascial plan between the internal oblique and transversus abdominis muscle (**Canakci et al., 2018**).

TAP block has been underutilized in spite of having very low complication and high success rate using ultrasound technique This may be due to the lack of availability of ultrasound at most of the centers, lack of training in ultrasound guided block technique (**Roy and Pattnaik, 2016**).

A new technique can be used in TAP block without the fear of complications in the blind landmark based approach. The advantage of this technique includes avoiding missing the second pop in obese and pregnant patients due to thinning of the internal oblique aponeurosis, reposition of the needle by surgeon if one enters the peritoneal cavity accidentally. Also there are nil chances of visceral injury thus can be safely used by a beginner without any fear of complication. However,