بسم الله الرحمن الرحيم

MONA MAGHRABY

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

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شبكة المعلومات الجامعية

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

By

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Mohamed Adel Ahmed Azab

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List of Abbreviations

Abbr.	Full-term

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

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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,