Comparison of continuous intravenous lidocaine versus TAP block for kidney transplant: an infographic

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SUMMARY
As Hanson et al1 described in their recent study, renal transplant surgery can be associated with moderate to severe pain. Transversus abdominis plane (TAP) blocks can provide effective postoperative analgesia but require expertise in regional anesthesia and can lead to some complications. In this prospective, randomized, unblinded noninferiority study of lidocaine infusion versus TAP block for renal transplant, 120 patients were assigned one of the two interventions. The primary outcome was opioid consumption during the first 24 postoperative hours.

Lidocaine infusion was noninferior to unilateral, single-shot TAP block in providing postoperative analgesia after renal transplant. Patient satisfaction scores were higher for lidocaine infusion group, but two patients described local anesthetic systemic toxicity symptoms in the first 24 hours with lidocaine and two more patients reported symptoms at the 48-hour time point in the lidocaine group. The authors concluded that a lidocaine infusion may be an effective alternative to a TAP block when it is contraindicated or when the necessary skills are not available.

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