Methods Patient, 67 years-old, admitted to ICU for post-surgical management after a duodenal pancreatectomy for cholangiocarcinoma. In 12th day he developed an acute abdominal pain, prevalent in the upper quadrants, radiating to the back, with a progressive anemia. The clinical pain manifestation, described by patient, seemed suggestive for acute post-surgical pancreatitis. We decided to make a TAP block for pain relief and to discriminate between visceral or somatic pain. Within few minutes, the patient was free of pain. So, in the suspicion of hemorrhagic complication, as the pain trigger, we performed a FAST-US which revealed free fluid around liver and in the Douglas cavity. The patient was subjected to a CT confirming the US finding and he underwent an abdominal surgical procedure.

Conclusions We described a case report in which TAP block was successfully used in the differential diagnosis of an acute abdomen in critical care setting.

Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page).

Background and Aims The widespread use of ultrasonography in regional anesthesia in recent years; resulted in identification of new blocks such as serratus plane block (SPB). SPB is a regional analgesic technique that blocks T2-T9 which has an excellent role in postoperative pain management for cardiothoracic surgeries. We performed SPB for postoperative analgesia in 5 patients undergoing minimally invasive heart valve surgery (MIHVS).

Methods After obtaining informed consents, SPB block was performed after induction of general anesthesia and before the surgical incision, using 1.5mg/kg 0.25% bupivacaine. Pain was measured using a visual analogue score (VAS) (0, no pain; 10, worst pain imaginable) in recovery and at 6th, 12th, 18th, and 24th hours. VAS was less than 3 for the 24th hour and patients had no need for additional analgesics for a post-block period of 12 hours.

Results SPB provides prolonged postoperative analgesia in patients undergoing MIHVS. Further randomized controlled trials are needed to enhance the efficacy of the SPB.

Conclusions Thoracic pain is thought to be transmitted via nerves originating from T2 to T9. Blockade of unilateral intercostal nerves can provide sufficient analgesia after MIHVS. Combination of opioids, non-steroidal antiinflammatory agents and regional methods; with different mechanisms of action in postoperative pain management is considered to be more effective for post operative analgesia and minimizes side effects as well as reduces incidence of chronic pain.


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