

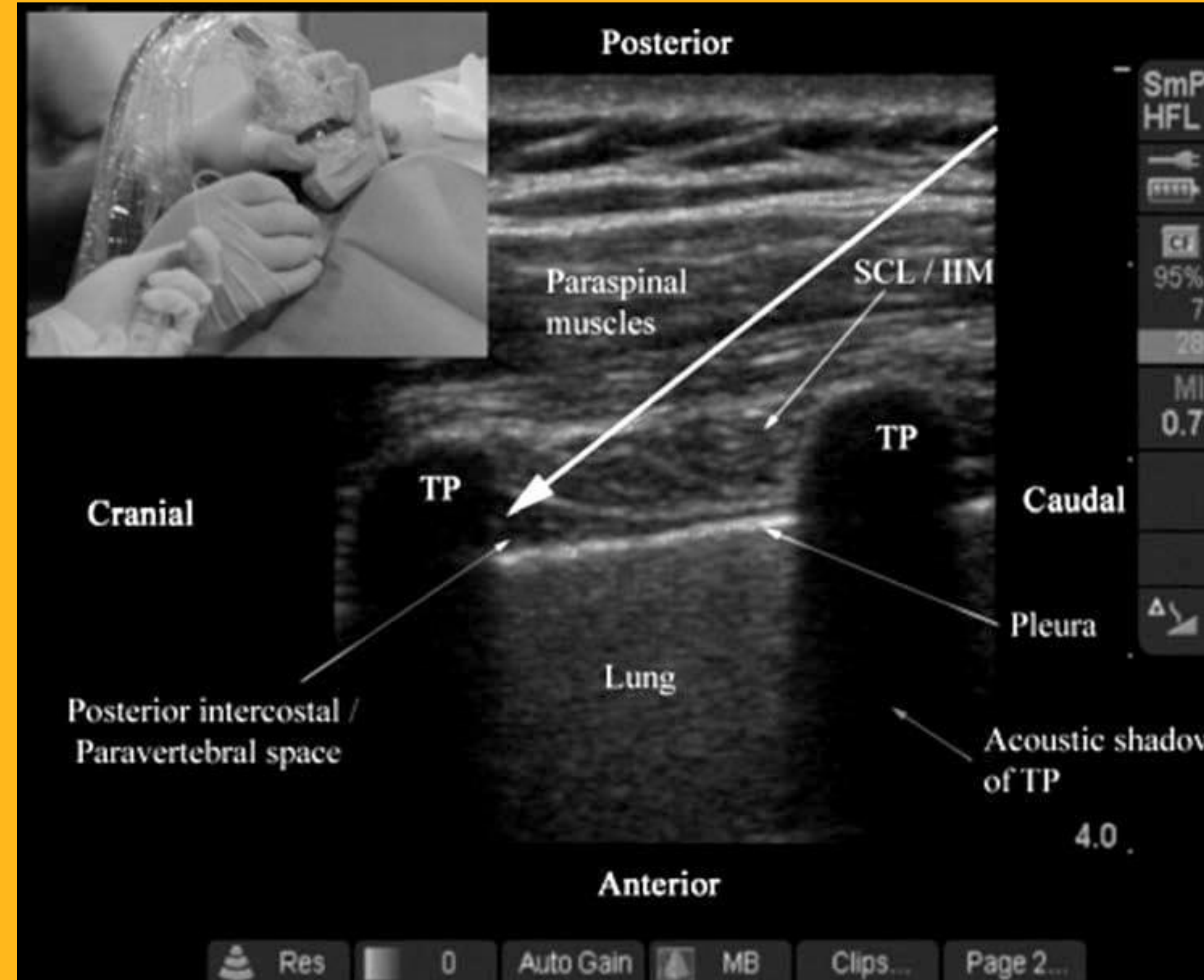
INTRODUCTION:

- Intrathecal morphine is the gold standard for cesarean section analgesia
- Some patients require **additional analgesia after cesarean section**; ex. Morphine allergy, Opioid use disorder(OD) patients or patients undergoing general anesthesia
- TAP(Transversus Abdominis Plane) block is commonly used for analgesia in these patients
- Paravertebral blocks offer more comprehensive dermatomal and visceral analgesia** than TAP blocks

CASE BACKGROUND:

- 33 Y old G7P213, coming for repeat C section, known OD patient on methadone maintenance therapy, with preeclampsia and history of OSA.
- Patient expressed preference for non-opioid analgesia post operatively.
- Cesarean section done under **standard spinal** anesthesia with 0.75% Bupivacaine, 150mcg Morphine and 15 mcg of fentanyl intrathecally.
- Post operatively, patient was supported to be in a sitting position and a **paravertebral block** was done under **anatomic approach** at T10 level using a B- Bevel needle.
- Mixture of **15 ml of 0.5% Ropivacaine and 2 mg of dexamethasone** was injected into bilateral paravertebral spaces.
- Postoperatively, patient had **pain scores of 1-3** for 24 hours after which she had pain scores of 6-7 for the remainder of the hospital stay and did not use any additional opioids other than the scheduled methadone.
- Patient was discharged on POD 3 without complications.

PARAVERTEBRAL BLOCKS PROVIDE BETTER ANALGESIA THAN TAP BLOCKS FOR POST CESAREAN SECTION PATIENTS



DISCUSSION



	TAP	PVB
POSITION	Supine	Sitting or lateral
DURATION	8-12 hours	18-30 hours
COVERAGE	Somatic	Somatic, visceral, sympathetic

