

Transversus Abdominis Plane Block in Patients Undergoing Autologous Breast Reconstruction: Retrospective Cohort

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INTRODUCTION

- Postoperative pain management in Autologous breast reconstruction(DIEP) is complex.
- Transversus abdominis plane (TAP) blocks are pivotal in managing donor site pain
- The retrospective study is to evaluate the efficacy of TAP blocks

METHODS

- Evaluated patients who underwent autologous breast reconstruction surgery with or without preoperative TAP block between 2013 and 2023

TAP Block placement, maybe a Low-yield strategy for Reducing postoperative Narcotic use

Comparison of MME, PONV, and LOS

	n	MME(24h)	PONV incidents (%)	PONV rescue Med. (%)	LOS (hr.)
TAP block	128	34.7 ± 26.2	35.9	42..2	74.6
Infiltration	324	35.2±28.1	23.5	42.6	82.1
Control	52	35.9±24..3	13.5	28.8	85.8
p ¹		0.36	0.002	0.09	0.001
p ²		0.33	0.1	0.06	0.47

P¹ Between TAP and Control group
P² Between Infiltration and Control group



Keywords
TAP Block,
Breast reconstruction,
deep inferior epigastric artery perforator (DIEP) flap,
Postoperative pain

RESULTS

- There was no statistically significant difference in total opioid consumption within the first 24 hours
- The incidence of PONV was lower in the control group compared to the TAP block group
- Length of hospital stay (LOS) was shorter in the TAP block group compared to the control group

DISCUSSION

- Some evidence supports the benefits of TAP blocks for inpatient pain management
- This study suggest that TAP block placement may be a low-yield strategy for reducing postoperative narcotic use
- Further prospective studies are warranted to better evaluate the utility of TAP blocks in this specific patient population