

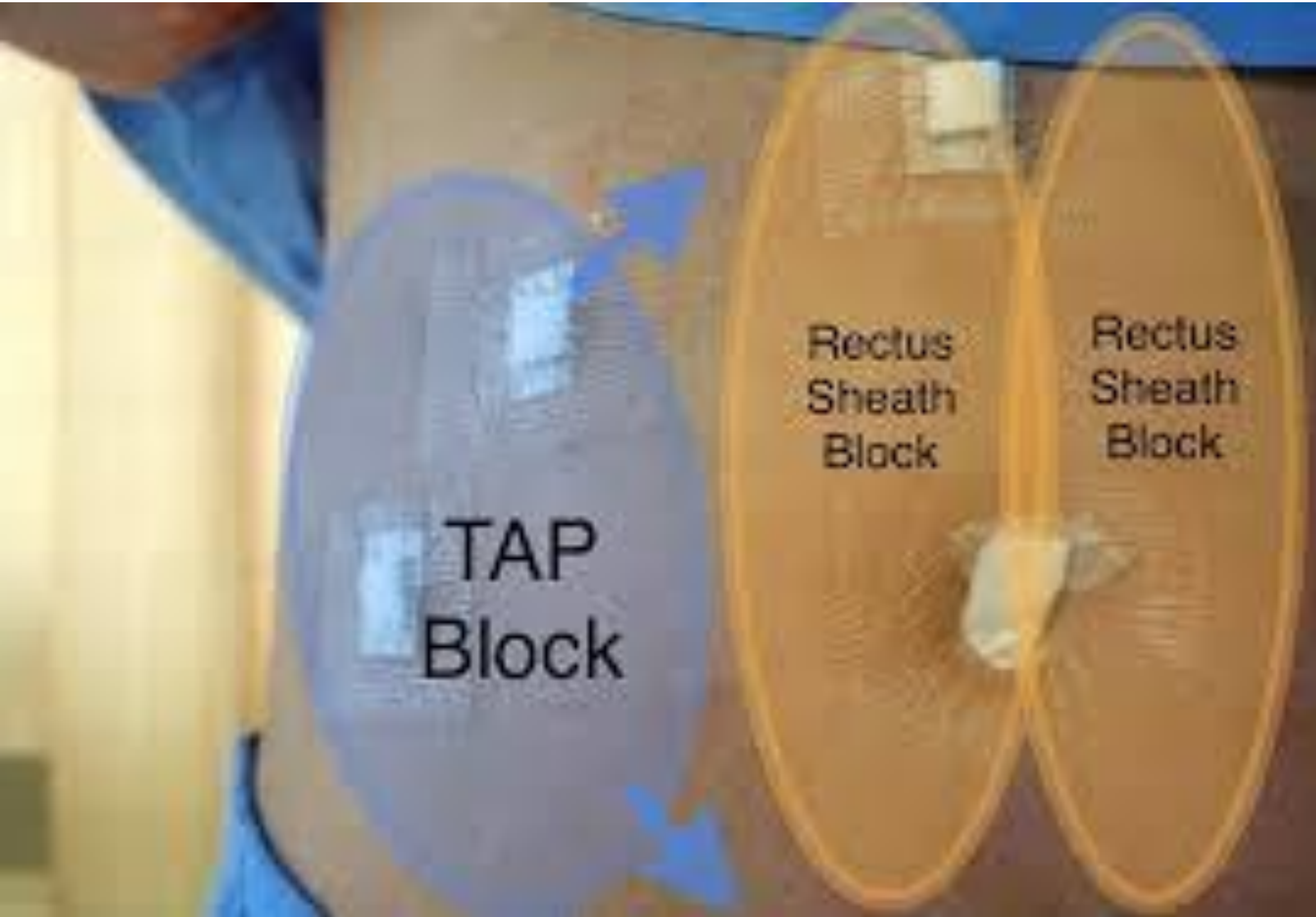
Ipsilateral Ilioinguinal/Iliohypogastric block, Rectus Sheath Block, and Contralateral TAP Block For Postoperative Analgesia For a Patient Who Underwent Inguinal Hernia Bassini Repair and Exploratory Laparotomy with Ileocecectomy

Edward Lee¹, Yan Hu¹, Sittha Cheerasarn², Satit Cheerasarn³
1, Department of Anesthesiology, State University of New York-Downstate Health Sciences University
2, Whiting School of Engineering at Johns Hopkins University
3, Department of Anesthesiology, One Brooklyn Health-Brookdale University Hospital Medical Center



INTRODUCTION

Postoperative analgesia for elderly patients with cardiac comorbidities is challenging. Regional block(s) is essential for a multimodal postoperative pain management plan.



CASE

A 61-year-old man with a past medical history of hypertension, and supraventricular tachycardia (SVT) presented for incarcerated right inguinal hernia. His transthoracic echocardiogram (TTE) showed a left ventricular ejection fraction (LVEF) of 40% two days before surgery. The patient underwent right Bassini repair and exploratory laparotomy with ileocecectomy with general anesthesia. He received the right ilioinguinal/iliohypogastric block, right rectus sheath block, and left TAP block with a volume of 12 mL, 15 mL, and 30 mL of 0.2% ropivacaine respectively for postoperative analgesia. One proceduralist completed all three blocks standing on the patient’s right. Excellent pain control was achieved.

DISCUSSION

Due to the patient’s age and cardiac conditions, regional block for postoperative analgesia was considered. The right ilioinguinal/iliohypogastric block were given to manage pain from the inguinal incision¹, while the right rectus sheath and left TAP blocks were given to manage pain from the midline abdominal incision². After the procedure, the patient reported excellent pain control, which decreased the need and amount of opioids and potentially reduced the postoperative complications of opioids in a patient with a cardiac history.

CONCLUSION

This case provided an example of combined lower abdominal blocks for hernia repair with both inguinal and midline incisions for a patient with chronic heart failure and arrhythmia in a hospital without a designated block team.

References:
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