INTRA-OPERATIVE USE OF TAP (TRANSVERSUS ABDOMINUS PLANE) BLOCK SHORTENS HOSPITAL STAY IN PATIENTS UNDERGOING BARIATRIC SURGERY

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INTRODUCTION

We evaluated if the addition of intra-operative TAP block to our bariatric ERAS (Enhanced recover after surgery) protocol would decrease post-operative narcotic and anti-emetic use and length of stay.

METHODS

- Retrospective review of patients who underwent bariatric surgery prior to and after the implementation of intra-operative TAP block
- Primary outcome:
  - Total post-operative narcotic use on the floor in mg oral morphine equivalents
- Secondary outcomes:
  - Anti-emetic use
  - Time to oral intake
  - Length of stay

RESULTS

	2019 (n=55)	2020 (n=72)	P Value
Age	49.89	45.69	0.06
Gender (female)	46 (83.6%)	59 (81.9%)	NS
BMI	41.19	41.69	0.66
Comorbidities:			
Diabetes	15	13	NS
HTN	22	48	0.004
OSA	19	23	NS
Type of surgery:			
RNY	34	48	NS
Sleeve	21	24	NS

	2019	2020	P-Value
Operative time	95.2	91.6	0.52
Length of stay	53.9	47.9	0.02
Total morphine equivalents used in 72 hours	55	72	NS
Antiemetic doses used	1.8	1.24	0.13
PO intake in less than 4 hours post-operatively	9 (16.3%)	20 (27.7%)	NS
No narcotic used during stay	8 (14%)	17 (23.6%)	NS

RESULTS

- No statistical difference in time spent in PACU or amount of narcotic and antiemetic used in the PACU
- No statistical difference in doses and amount of narcotic and antiemetic used and time to oral intake on the floor
- More patients in the TAP block group used no narcotics (14% vs 23.6%), however this was not statistically significant.
- Length of stay was significantly reduced in the TAP block group (53.9 vs 47.9 hours, p 0.02)

CONCLUSION

•The addition of intra-operative TAP block to an already existing bariatric ERAS protocol does not increase operative times and can have a positive outcome on post-operative patient care including reducing length of hospital stay.