Transversus Abdominis Plane Blocks With Dexamethasone And Dexmedetomidine Decrease Opioid Consumption , Length Of Stay , And Ileus After Laparoscopic Colorectal Resection.

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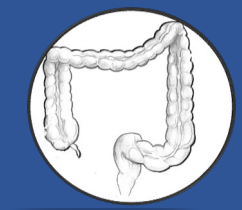
Introduction

- Dexamethasone and Dexmedetomidine can be added to TAP blocks to increase the duration of analgesia.
- We studied the association of TAP blocks containing both Dexamethasone and Dexmedetomidine with post-operative opiate consumption , ileus, and length of stay.

Methods

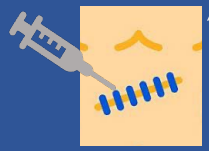
- Single institution retrospective cohort study.
- Patients who had undergone elective laparoscopic colorectal resection between 2019- 2022.
- Patients received either local wound infiltration (bupivacaine) or TAP blocks (bupivacaine + dexamethasone + dexmedetomidine).
- Postoperative outcomes were compared.

Results



N= 338 laparoscopic colorectal resections

N= 195 met inclusion criteria



Local Wound infiltration N=90 (46.1%)



TAP block N=105 (53.9%)

TAP blocks were associated with:

- Morphine Milli Equivalent (MME) at 24hrs P= 0.028



- Length of hospital stay (LOS) P= 0.001



- Post operative ileus P= 0.01



TAP blocks that include both dexamethasone and dexmedetomidine should be further investigated for standard use in ERAS protocols.