PERFORMING ABDONIAL WALL BLOCKS: before or after the surgery?

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BACKGROUND:

ERAS programs (Enhance Recovery After Surgery) have shown a decrease in morbidity, mortality, duration of stay and hospital economical costs. It is necessary to define an specific protocol of multimodal analgesia. Abdominal wall blocks are a key part of them, but there is no evidence of the best moment to perform it: before or after the surgery.

MATERIALS AND METHODS:

We collected all the laparoscopic patients submitted to colorectal surgery with an ERAS program between January and November 2017. The study includes two groups of ERAS: in group A, we performed abdominal wall blocks before surgery incision. In group B, abdominal wall blocks were performed after surgical incision. VAS score, morphine consumption, nausea, vomiting, length of stay and paralytic ileus were recorded.

	N	Age	Sex
Group A	80	68 ± 13	60% male
Group B	10	67 ± 7.02	80% male

Type of block used (%)	TAP block	Subcostal TAP block	Rectus sheath block
Group A	86.2	6.2	7.5
Group B	70	10	20

RESULTS:

CONCLUSIONS:

It seems that there is no big difference in VAS and morphine consumption performing abdominal wall blocks pre or post surgery incision. Nausea, vomiting and ileus incidence cannot be absolutely reliable due to the small sample of group B. Bigger well designed studies should be carried out for evidence.