ROLE OF ULTRASOUND GUIDED RECTUS SHEATH BLOCK AS A COMPONENT OF MULTIMODAL ANALGESIC REGIMEN FOR A CESAREAN SECTION WITH A PLUS: A CLINICAL CASE

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Background and aims

Neuraxial anaesthesia and opioids can provide effective pain relief in the immediate postoperative period of a cesarean section (c-section) but are also associated with unwanted problems (nausea, vomiting, pruritus, urinary retention, respiratory depression).¹ The success of ultrasound guided (USG) peripheral nerve localization has heralded a new era in block technique and structure identification, with minimal complications.²

With this work we aim to present the result of the analgesic efficacy of percutaneous USG catheter rectus sheath block (RSB) for a c-section plus exploratory laparotomy.

Methods

23 year old parturient, ASA II, 33 week gestation and a left flank tumor (15x11x17cm), who underwent median laparotomy, c-section and resection of tumor, located in the left iliac fossa. The anesthesiologist performed a balanced general anaesthetic technique. Because the patient refused neuraxial technique, the multimodal approach for postoperative analgesia was paracetamol 1g 3id, ketorolac 30mg 2id (48h), tramadol 100mg in SOS and the placement, in the PACU, of a bilateral percutaneous USG catheter for RSB, enabling the administration of ropivacaine 0,2% through a drug infusion balloon (5,2ml/h) for a period of 72h (figures 1, 2 and 3).

Results

The patient was evaluated at 0, 1, 4, 12, 24, 48 and 72h and refers, in a numeric pain scale, a score of 1 at rest and a maximum of 4 with movement. The patient had no need for rescue medication during hospitalization.

Conclusion

With this case, the authors showed that **percutaneous USG catheter RSB provides effective post-operative analgesia for complicated c-section**, and can be a valid option to integrate multimodal analgesia schemes.

References

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Fig. 1 Needle tip under rectus abdominis muscle; RA - Rectus abdominis muscle; LA - Local anesthetic spread; PRS - Posterior rectus sheath; P - Peritoneal cavity

Fig. 2 Catheter in place; RA - Rectus abdominis muscle; LA - Local anesthetic spread; PRS - Posterior rectus sheath; P - Peritoneal cavity

Fig. 3 External fixation of neural block catheter