The Effectiveness of Abdominal Wall Blocks on Post Cesarean BOSTON Section: A Retrospective Analysis Heley Mulling BS1 Frin Dienes Db D2 Stephenic America MD2 Mark Nerring MD2

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BACKGROUND

- Ineffective post-cesarean section (CS) pain management can lead to delayed ambulation, postpartum depression, and challenges with breastfeeding
- Transversus abdominis plane (TAP) and Quadratus Lumborum (QL) blocks reduce opioid consumption and pain intensity as part of a multimodal analgesic regimen post CS

AIM

 Evaluate the efficacy of TAP and QL blocks in postoperative pain management with CS at our institution

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RESULTS

- 4460 births from 4203 women were evaluated
- TAP or QL blocks were performed in 415 (9%) cases
- The cumulative MME consumption in 24h for the TAP/QL block group was 43.7 ± 22.2 compared to 43.2 ± 19.6 in patients with no TAP/QL block.

Outcome	QL/TAP Block n= 415	No QL/TAP Block n= 4,045	Unadjusted Difference (95% Cl)	p-val ue
Total MME	40.7 ± 21.6	43.2 ± 16.1	(-8.3, 3.3)	0.3902
Pain Score 6 Hrs	4.6 ± 2.9	5.3 ± 2.7	(-2.4, 1.0)	0.4030
Pain Score 12 Hrs	4.5 ± 2.7	5.7 ± 2.4	(-2.5, 0.1)	0.0639
Pain Score 24 Hrs	4.5 ± 2.7	5.0 ± 2.6	(-1.8, 0.7)	0.3569
Pain Score 48 Hrs	4.0 ± 2.2	4.3 ± 2.0	(-1.4, 0.8)	0.6050

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Conclusion

 Abdominal wall plane blocks did not effectively reduce cumulative MME consumption at 24 hours

 NRS pain scores did not decrease during the first 48 hours post-cesarean delivery

 Comparable studies showing decreased opioid consumption and NRS pain scores with TAP or QL blocks were conducted in patients who received single- shot spinals or general anesthesia