

DIFFERENT APPROACH TO POST-OPERATIVE PAIN MANAGEMENT: TRANS ABDOMINIS PLANE (TAP) BLOCKS

Primary Investigator: Joi H. Calloway RN MSN CPAN
Cedars Sinai Medical Center, Los Angeles, California
Co-Investigators: Jay Arcilla PI, Joan Riswold RN BSN CPAN

Introduction: Transversus abdominis plane (TAP) blocks are a new approach of injecting local anesthesia into the plane between the internal oblique and transversus abdominis muscle, giving somatic pain relief. TAP blocks are a promising technique in alleviating postoperative pain in patients undergoing open abdominal surgeries, especially when used as part of a multi-modal analgesia regimen.

Identification of the problem: The duration of a TAP block is approximately 18-24 hours; the effects are more beneficial if done immediately after surgery. The purpose of this study is to determine if TAP blocks done immediately after surgery, when combined with conventional pain control methods during recovery will keep pain less than 5 on pain scale.

EP Question/Purpose: Does the use of TAP blocks combined with conventional pain control for Open Abdominal Surgeries, postoperatively decrease patient's pain to 5 on the pain scale?

Method/Evidence: This is a quantitative study, performed by collecting data from 144 charts of postoperative patients that had Open Abdominal Surgery over a 12-month period. The data collected were analyzed by comparing patients who received TAP blocks with conventional pain control to patients who only received conventional pain control. A record of the dates and times of the Tap block were noted, along with pain treatment method, and pain score. Data were collected on patients who received TAP Blocks versus conventional pain control in the Post Anesthesia Care Unit (PACU).

Significance of Findings/Outcomes: 71% of patients who received a TAP block with conventional pain control reported pain levels of 5 or less on a visual pain scale, compared to 42% of patients who received only conventional pain control. Only 28% of patients who received a TAP block with conventional pain control reported pain levels of 5 or greater compared to 57% of patients who received only conventional pain control.

Implications for perianesthesia nurses and future research: In conclusion using a TAP block shows a meaningful and significant difference in pain greater than 5 for patients who receive TAP Blocks versus only Conventional Pain Control methods. The TAP block must be performed immediately after surgery. The next step would be to see if length of stay in PACU is affected by using TAP blocks as well.