

## AB007. 165. Laparoscopic guided transversus abdominis plane (TAP) block for abdominal surgery

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**Abstract:** Pain control is integral to enhanced recovery after surgery (ERAS) protocols. Transversus abdominis plane (TAP) blocks are frequently used as part of a multimodal anaesthetic regimen however the availability of theatre time, technical expertise and ultrasound equipment can be limiting factors. Drawing together the best published evidence, we demonstrate how and why the TAP block can

be placed laparoscopically at conclusion of laparoscopic surgery. Surface anatomy is used to define the subcostal and lateral TAP block injection sites bilaterally. Using a 10 cm Braun Stimuplex needle, 10 mL of 0.25% levobupivacaine (2.5 mg/mL) is injected into the TAP plane at each site (40 mL total or max 2 mg/kg). The needle is advanced under vision until it tents the peritoneal surface and is then retracted slightly into the TAP plane. On injection 'Doyle's internal bulge sign' can be seen as the transversus abdominis is pushed internally. As this method is performed under direct vision with laparoscopic equipment already in use it can result in faster, easier and more controlled delivery of local anaesthetic. Direct visualisation with a laparoscope is especially beneficial in obese patients where safe needle insertion using a blind technique or ultrasound guidance can be difficult.

**Keywords:** Laparoscopic; transversus abdominis plane block (TAP block)

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