What is a TAP block?

- It is NOT a peripheral nerve block
- It is a field block
- It provides analgesia to the anterior abdominal wall.

What is it good for?

- Cholecystectomy
- Appendectomy
- Hernia repair
- Renal transplant
- Colorectal procedures
- Flaps
- C section
- Abdominal hysterectomy
- Radical prostatectomy

TAP Block

- Good addition to multi-modal analgesia when thoracic epidural is contraindicated or not desired
- They provide analgesia to the abdominal wall, not viscera or skin.
  - There will be NO "level" or sensory dermatome
  - Put the Ice pack away!
- Will need additional pain meds post-op and intra-op

TAP injection sites

- Initial studies T7 to L1 on Lateral approach
- Realistically...
- Above Umbilicus
  - T3-L1
  - Subcostal approach
- Below Umbilicus
  - T10-L1
  - Lateral Approach
- Anterior abdominal wall
  - muscles and parietal peritoneum
Lateral TAP

- For below umbilicus incision
- Three layers
  - Ext oblique
  - Int oblique
  - Transversus abdominis

Subcostal TAP

- For incisions above umbilicus
- Two Layers
  - Rectus Abdominis
  - Transversus Abdominis

Landmarks

- Rafi (2001)
  - ‘double pop’
  - LOR
- Triangle of Petit
  - 4-8cm²
- Costal margin
- Iliac crest

Lateral Approach

Cranial

Caudal

Costal Margin

Iliac Crest
**The block**

- US-high frequency probe 5-10 Hz
- Needle-10cm short bevel
- LA-bupivacaine 2mg/kg (80kg=160mgs=32mls of 0.5%)  
  - 20 mls a side
- Complications
  - Failure
  - LA toxicity
  - Intraperitoneal, bowel, liver perforation.

**Subcostal Approach**

**Too shallow...**

**Too deep...**

**TAPtastic!**
### Three Pearls: TAP Block

- **Subcostal** – Above umbilicus, Lateral below
- Analgesia to anterior abdominal wall, not skin or viscera
- Volume block!
  - (Also, Bolus catheters)

### References: