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## Transversus Abdominis Plane Block as Analgesic Technique for Postoperative Pain Management After Cesarean Section *No More?*

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**To the Editor:**

We read with great interest Blanco and colleagues<sup>1</sup> original article about the effectiveness of the quadratus lumborum block (QLB) for pain relief after cesarean section (CS), enhancing early recovery, ambulation, and breast-feeding. The authors concluded that QLB may provide more effective and long-lasting analgesia than ultrasound-guided transversus abdominis plane (TAP) block, with significant reduction in demand and consumption of morphine for up to 48 hours after CS.<sup>1</sup> In accordance to Blanco and colleagues' hypothesis, the more

posterior approach and the spread of local anesthetic (LA) into the paravertebral space seem to play a crucial role in efficacy of the QLB, as demonstrated by previous magnetic resonance imaging studies.<sup>2</sup> The extension of LA solutions to the thoracic paravertebral space may determine a combined sensory and sympathetic fiber block, which may result in a wider analgesic area. The recent literature suggests that TAP block failure may be due to the deposition of LA in the wrong location rather than the lack of its clinical efficacy.<sup>3</sup> A recent review shows that ultrasound-guided TAP block as part of multimodal analgesic regimen, when correctly performed, may reduce postoperative opioid consumption and opioid-related adverse effects, improving postoperative pain control and patient satisfaction in regard to lower abdominal surgical procedures, including, but not limited to, CS.<sup>4</sup> Scientific literature does not contain any information concerning the real demonstration of the correct execution of the ultrasound-guided TAP block; more specifically, there are no scientific studies in which the anesthetic target has been verified in a blinded manner.

In our recent randomized controlled clinical trial, we reinforced the assumption that the correct performance of ultrasound-guided TAP block, as part of a multimodal analgesic treatment, could provide an effective analgesia for acute postoperative pain syndrome after CS, with a less consumption of painkillers.<sup>5</sup> We believe that QLB could be more difficult to perform, compared with ultrasound-guided TAP block, especially in pregnant women lying in the supine position. This potential limit must be taken into consideration.

The execution of the ultrasound-guided TAP block, as part of multimodal opioid-sparing regimen, should be encouraged in the daily clinical practice to provide a good pain control, patient satisfaction, and fast recovery, as suggested by the guidelines of Enhanced Recovery After Surgery Society.<sup>6</sup>

The recently published guidelines for postoperative care in gynecologic/oncology surgery of the Enhanced Recovery After Surgery Society strongly recommend the use of TAP block in the patients undergoing general anesthesia without neuraxial blockade for CS.<sup>6</sup>

In conclusion, in the last few years, the ultrasound-guided TAP block has been the subject of numerous studies, meta-analyses, and systematic reviews assessing its analgesic effectiveness and opioid-sparing effects. The international literature confirms that the ultrasound-guided TAP block, if performed correctly, could represent a safe, reliable, and effective option for postoperative pain relief after CS.<sup>2</sup>

Can we really forget the advantages of this technique? We believe that the verdict is still out. Further studies will be necessary to elucidate this enigma.

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