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TAP Block

Quick Guide

Any patient. Anywhere. Anytime.

Information contained in this document is meant for quick reference and a supplement to formal ultrasound experience, education or training.

TAP Block

Objective

Tap blocks are performed to provide post operative analgesia for patients undergoing abdominal surgery.

Procedure Description:

- Begin by placing the ultrasound transducer subcostal at the anterior axillary line.
- The external oblique, internal oblique and transversus abdominis muscles should be identified.
- Use the in plane needle technique with a medial to lateral approach. Local anesthetic is deposited superficial to the transversus abdominis muscle and deep to the fascia located superficial to the muscle.

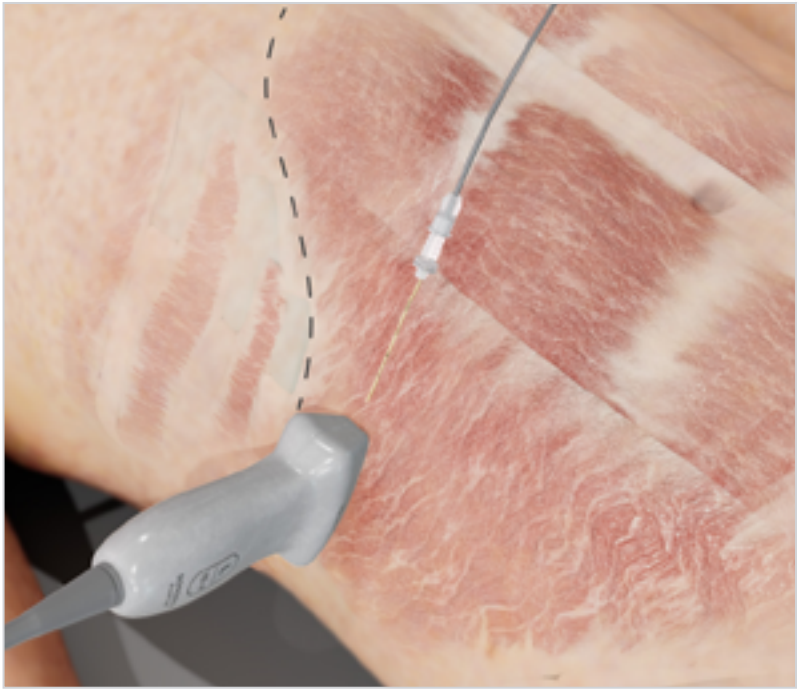

FIG. 1: External oblique, internal oblique, and transverse abdominis muscles and transducer location

Clinical Pearls

Patient Positioning:

Supine

Transducer:

L12-3, L15-4

Technique:

- The TAP block is a fascial plane block. Like most fascial plane blocks the success of the block is volume dependent.
- The TAP block provides only somatic analgesia to the anterior abdominal wall. It does not provide visceral analgesia.
- A more lateral/posterior injection of local anesthetic will allow for coverage of the lower abdomen for example the pfannenstiel incision for C-sections. A medial/anterior injection will provide better coverage of the mid/upper abdomen.

Teaching Points:

- The Tap Block performed at the costal border of the abdomen will ensure optimal coverage of the abdominal wall.
- T7 coverage is not reliable from a TAP block. TAP blocks may be combined with rectus sheath blocks for optimal coverage of the abdominal wall.

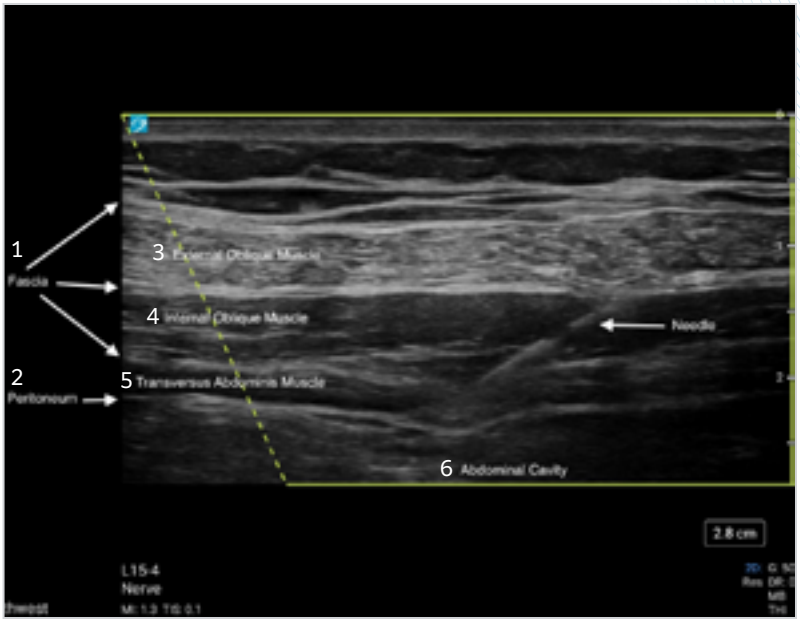

FIG. 2

1. Fascia
2. Peritoneum
3. External oblique muscle
4. Internal oblique muscle
5. Transversus abdominis muscle
6. Abdominal cavity

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