Sir,

Transversus abdominis plane (TAP) block is a relatively new regional anesthesia technique in which T7-12 intercostal nerves, ilioinguinal and iliohypogastric nerves, and cutaneous branches of L1-3 nerves are blocked between the internal oblique and transversus abdominis muscles (1). Mostly this technique has been used for postoperative analgesia in patients undergoing abdominal wall surgery (2).

A 75 years old male referred to our anesthesiology department with a pain after concerning postoperative hernia repair. Based on his medical history the pain began after 3 months of unilateral hernia repair. When the patient was referred to our clinic his VAS score was 8/10 and the pain interfered with mobilization and breathing. The pain was especially most intense on T8-10 dermatomes and did not subside with nonsteroidal anti-inflammatory drugs, paracetamol and peroral tramadol. So that a TAB catheter replacement was planned for the patient.

18 G thuogy needle was placed under ultrasound guidance until it entered the transversus abdominis plane. After the spread of local anesthetic injection via the plane a catheter was placed. Each day 20 ml levobupivacaine was injected for two days. At the end of the second day the patient reported that the pain was ended and his VAS score was 1/10. Post procedural control period after 10 days and one month, the patient reported no pain with VAS score 0-1. Also we added pregabalin for neuropatic pain 1 week after the insertion of the catheter.

Articles have described that ultrasound guided TAP block reduces pain scores and opioid consumption in early postoperative period (2,3), but there is not enough data about chronic pain management. So; this approach would be helpful for chronic pains due to postoperative abdominal wall surgery.

Yazarlarla ilgili bildirilmesi gereken konular (Conflict of interest statement) : Yok (None)

References