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THE EFFECTIVNESS AND SAFTY OF USING THE TAB BLOCK IN PATIENTS DELIVERED BY CAESEAREAN SECTION

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Actuality. Anaesthesia plays an important part in modern surgical operations, making sure the patient comfort, pain control, and surgical success. The transverse Abdominal plane (TAP) block is a peripheral nerve block made to anesthetize the nerves supporting the frontal wall of the abdomen (Th VI to LI).

Aim: to investigate the effectiveness and safety of using the TAP block in patients delivered by caesarean section.

Materials and methods. The study design is a prospective randomized controlled trial. The study involved 40 women with full-term pregnancy who were delivered by cesarean section under multicomponent balanced anesthesia (MCA) at the 6th Minsk City Clinical Hospital from January 1, 2024, to December 1, 2024.

All patients were divided into two groups: group A, which included 20 pregnant women delivered by cesarean section under conditions of multicomponent anesthesia, who received pain relief in the postoperative period with narcotic analgesics and nonsteroidal anti-inflammatory drugs. There are six (VI) stages of research: I - after surgery; II - 3 hours after surgery; III - 6 hours after surgery; IV- 9 hours after surgery, V- 12 hours after surgery, VI - 24 hours after surgery. The object of the study was hemodynamic parameters (systolic, diastolic, mean blood pressure, heart rate), satisfaction with anesthesia (visual-analog scale, VAS). The patients were randomized according to demographic indicators, $p>0.05$. The data obtained were processed by methods of variational statistics using the STATISTICA 10.

Results and their discussion. The average age in group A was 29.5±4.3 years, and in group B 29.1±2.9 years. The duration of anaesthesia for caesarean section was in both group A and group B an average of 30 minutes ($p\geq0.05$).

MCA was represented by combined induction of sevoflurane and sodium thiopental combined with low-flow anaesthesia to maintain anaesthesia. TAP block was performed on both sides with a 26-27G «Pencil Point» spinal needle from lateral access under ultrasound transducer control. A combination of hyperbaric bupivocaine solution 0.5%-10ml combined with dexamethasone 4mg was used for the blockade.Hemodynamics in both groups did not significantly differ in the postoperative period, $p\geq0.05$. There were no episodes of respiratory depression in group B. The pain level according to VAS was significantly lower in group B 2.5(2.4-2.8) compared to group A 4.3(4.2-5.4) already after 1 hour and remained so during the first day after surgery, $p\leq0.05$.The frequency and dose of postoperative use of narcotic analgesics and non-steroidal anti-inflammatory drugs in combination with gabopentin was significantly lower in group B using TAR block, $p\leq0.05$.The use of abdominal wall blockade (group B) provided a VAS score of less than 2 points and allowed to activate the patients 4-6 hours after surgery, $p\leq0.05$

Conclusion. Multimodal anaesthesia of the postoperative period after caesarean section using TAB-block with a combination of hyperbaric bupivocaine solution 0.5%-10ml in combination with dexamethasone 4mg provides a stable course of the postoperative period due to hemodynamic response, patient satisfaction, reduced need for narcotic and/or non-steroidal anti-inflammatory drugs, as well as early activation of patients after caesarean section (4-6 hours after surgical intervention).