ANTERIOR ABDOMINAL WALL BLOCKS

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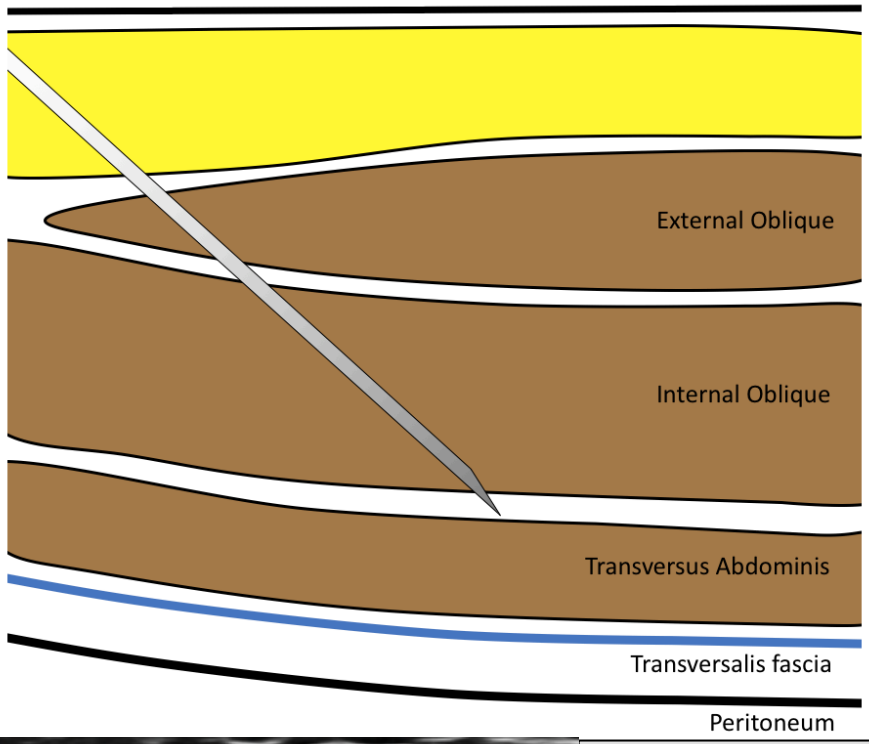
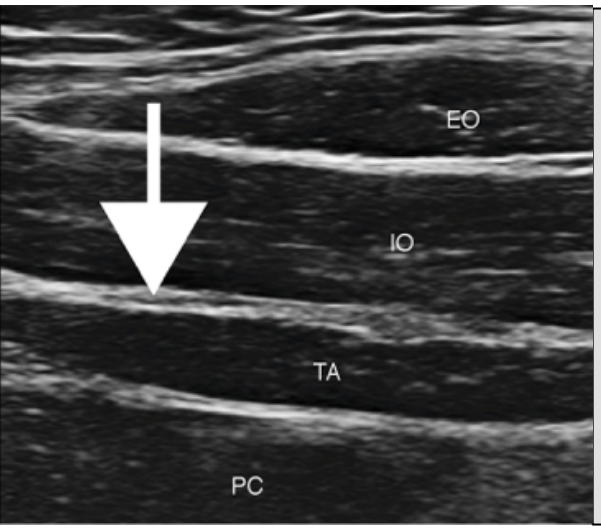
D. Wong





KEY STRUCTURES TO IMAGE

- RECTUS ABDOMINUS
- EXTERNAL OBLIQUE (EO)
- INTERNAL OBLIQUE (IO)
- TRANSVERSUS ABDOMINIS (TA)
- LINEA SEMILUNARIS (REFER PAGE 3)

INDICATIONS

- SUBCOSTAL: SURGERY ABOVE THE UMBILICUS
- LATERAL: SURGERY BELOW THE UMBILICUS

SUGGESTED LOCAL ANESTHETIC DOSAGES

- 20 - 30 mL per side, concentration depends on safe dose

SUBCOSTAL TRANSVERSUS ABDOMINIS PLANE BLOCKS

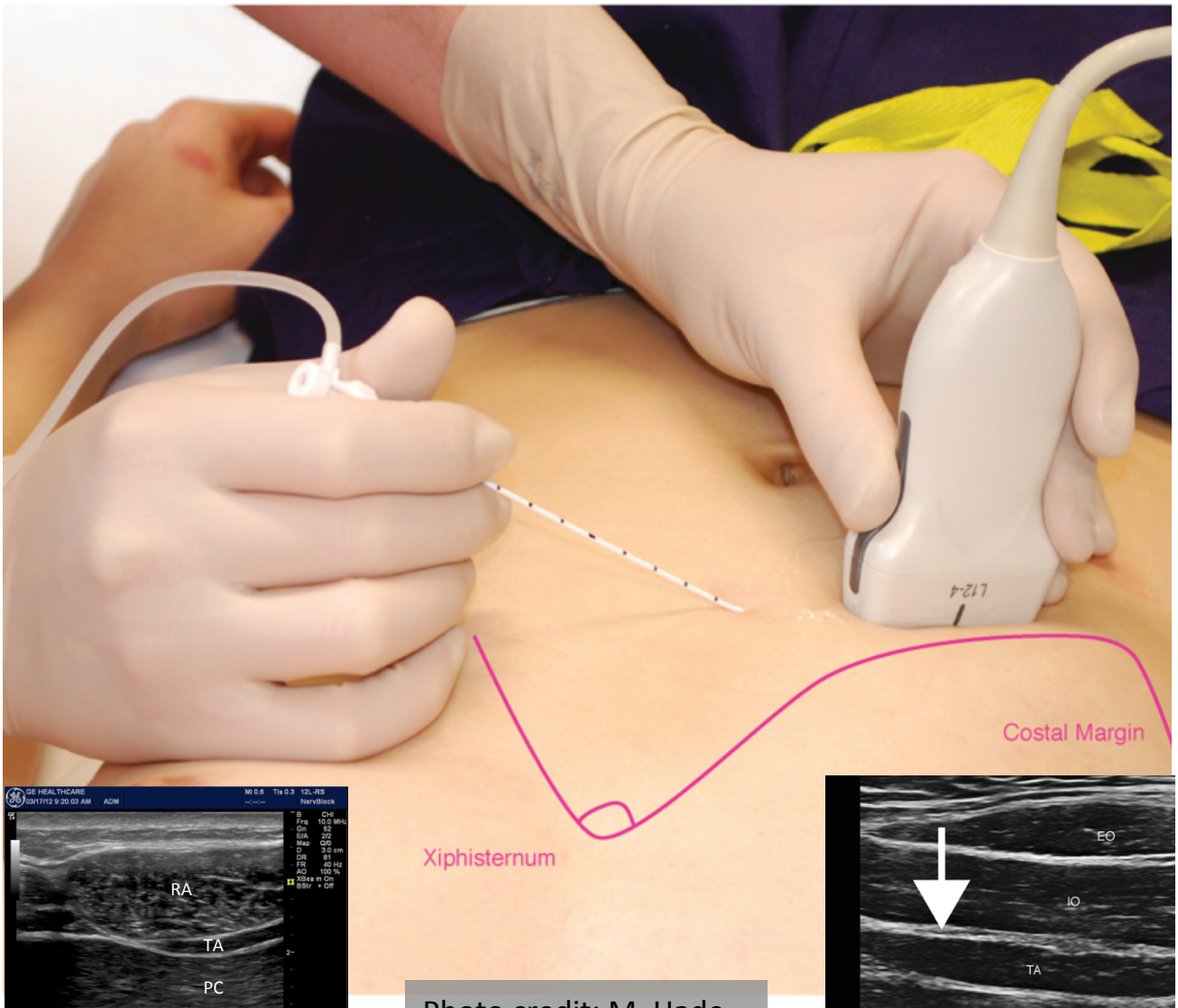
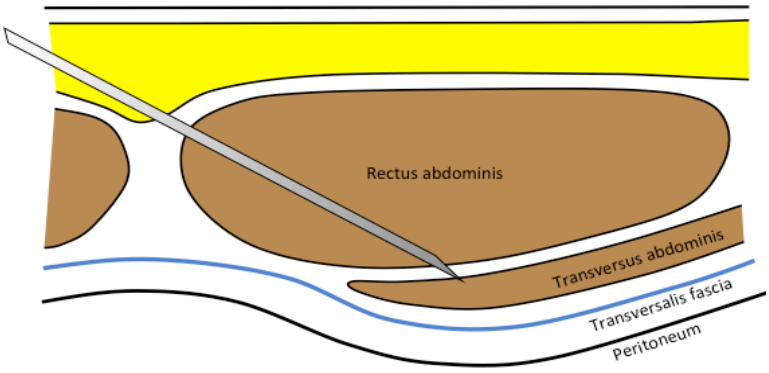
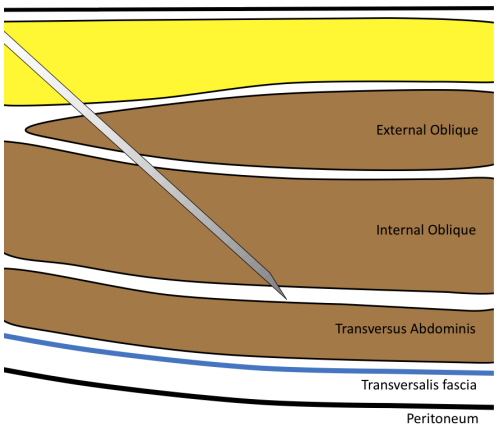


Photo credit: M. Hade

In above sonogram, structures imaged if transducer placed close to xiphisternum; that is, in a more medial and cephalad position compared to the transducer position in photo: RA, rectus abdominis.

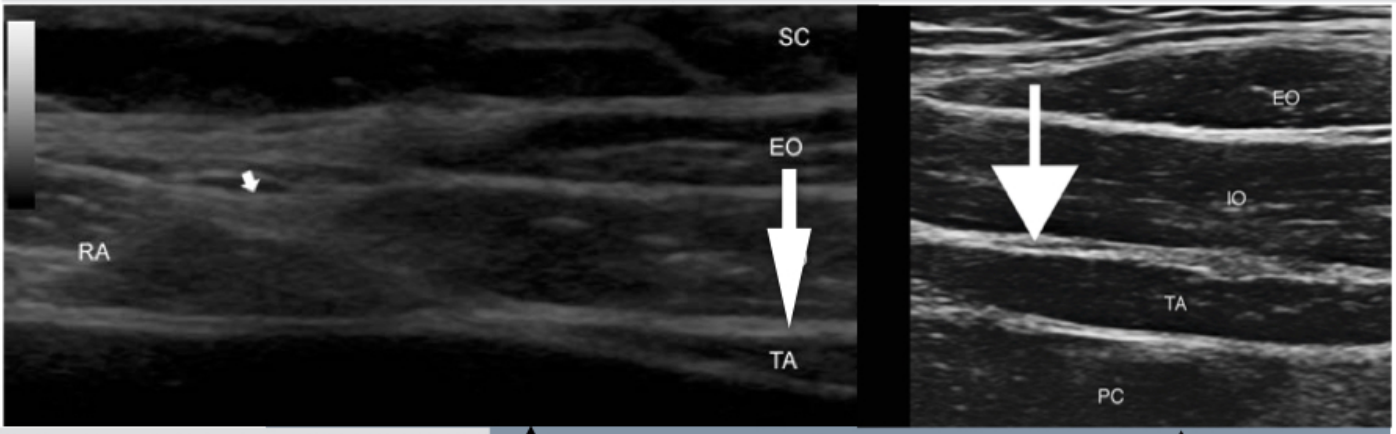
In above sonogram, structures imaged if transducer placed close to position in the above photo: EO, external oblique; IO, internal oblique; TA, transversus abdominis; PC, peritoneal cavity.



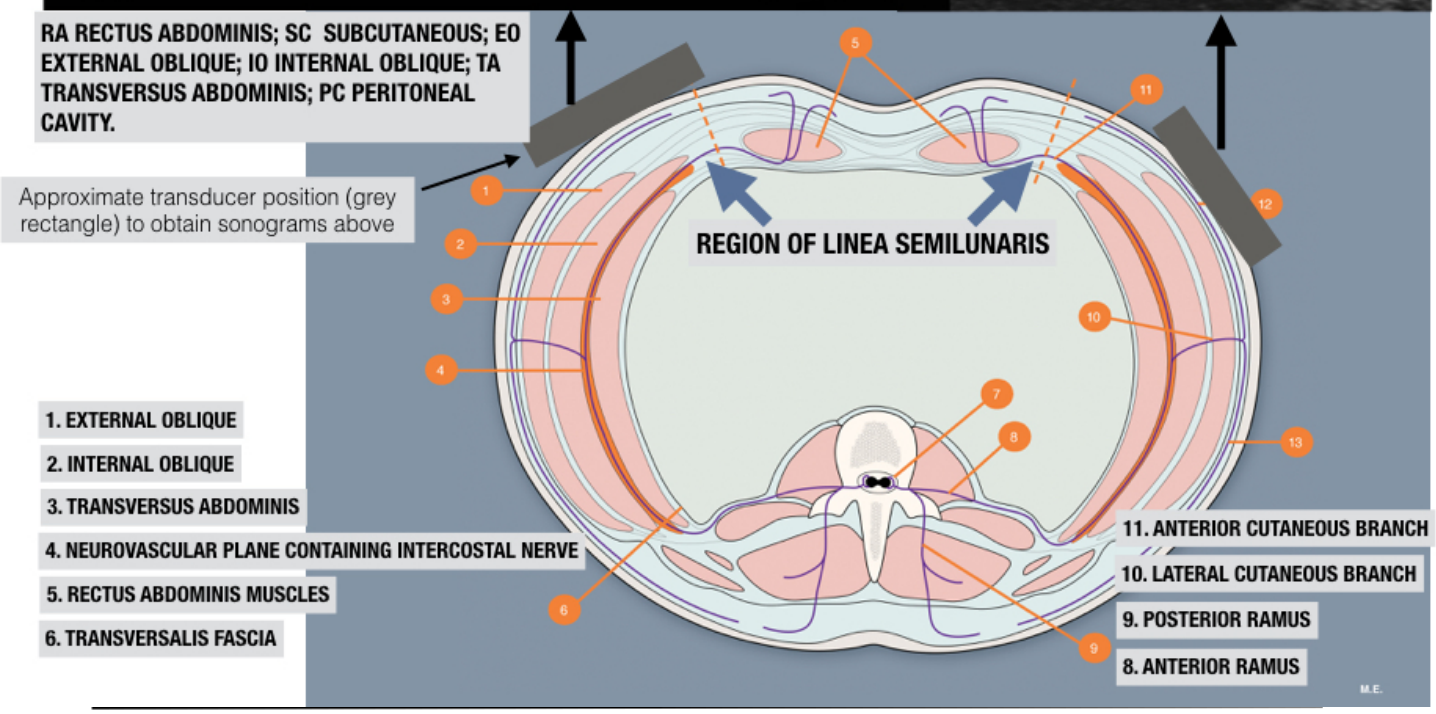


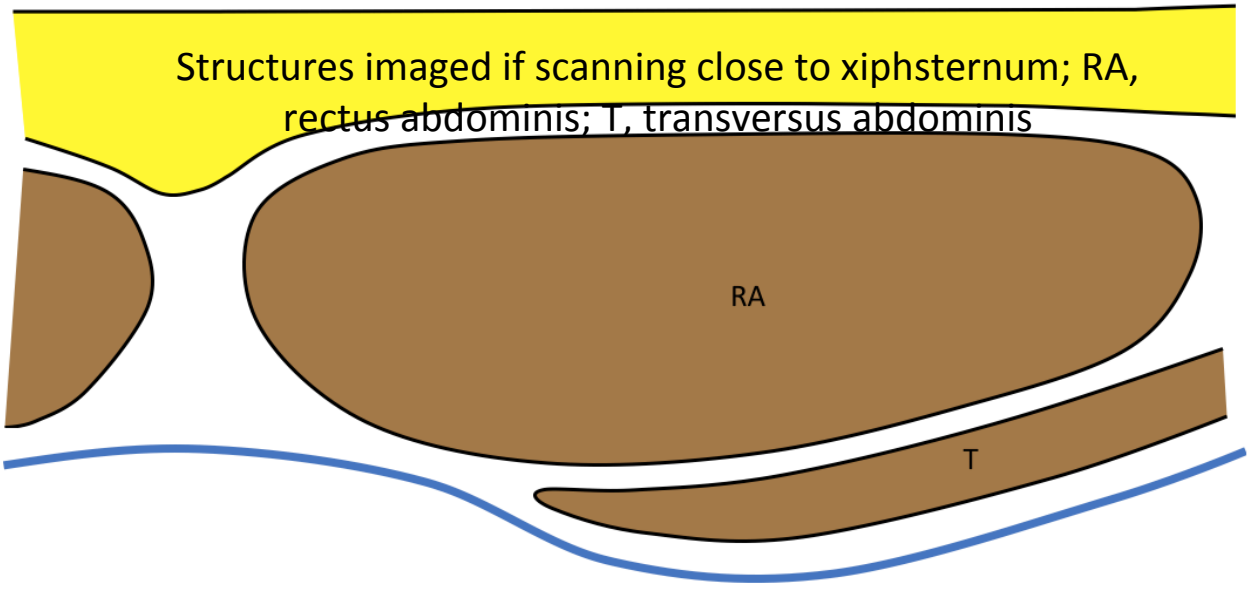
SUBCOSTAL TRANSVERSUS ABDOMINIS PLANE BLOCKS

LINEA SEMILUNARIS INDICATED BY SMALL WHITE ARROW NEUROVASCULAR PLANE INDICATED BY LARGE WHITE ARROWS



RA RECTUS ABDOMINIS; SC SUBCUTANEOUS; EO EXTERNAL OBLIQUE; IO INTERNAL OBLIQUE; TA TRANSVERSUS ABDOMINIS; PC PERITONEAL CAVITY.





LATERAL TRANSVERSUS ABDOMINIS PLANE BLOCKS

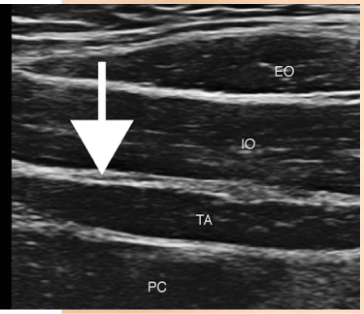


Photo credit: M. Hade

FOR BOTH TYPES

TRANSDUCER

- High or intermediate frequency linear transducer. Curvilinear transducer in some individuals

NEEDLE 100 – 150 mm

TIPS

- If block performed at completion of surgery, surgical dressings may interfere and therefore a different needle trajectory may be required