

# POSTERIOR ABDOMINAL WALL BLOCKS: TRANSMUSCULAR QUADRATUS LUMBORUM BLOCKADE

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Lat, latissimus dorsi; QL, quadratus lumborum; Ps, psoas major; EO, external oblique; IO, internal oblique; T, transversus abdominis

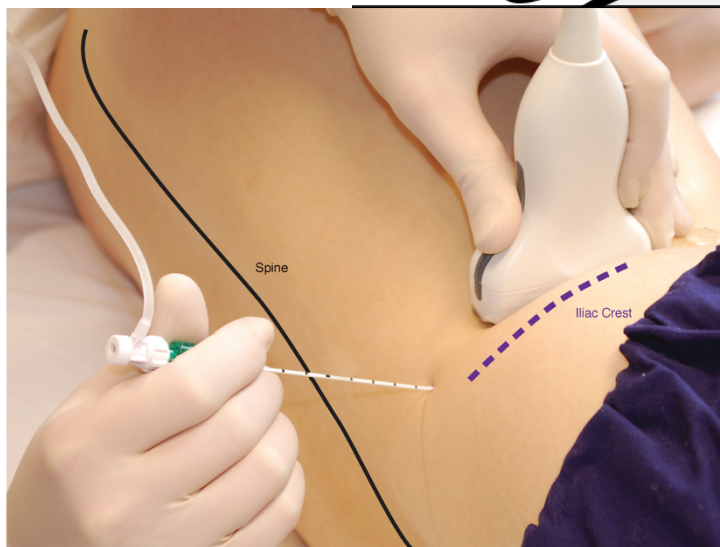
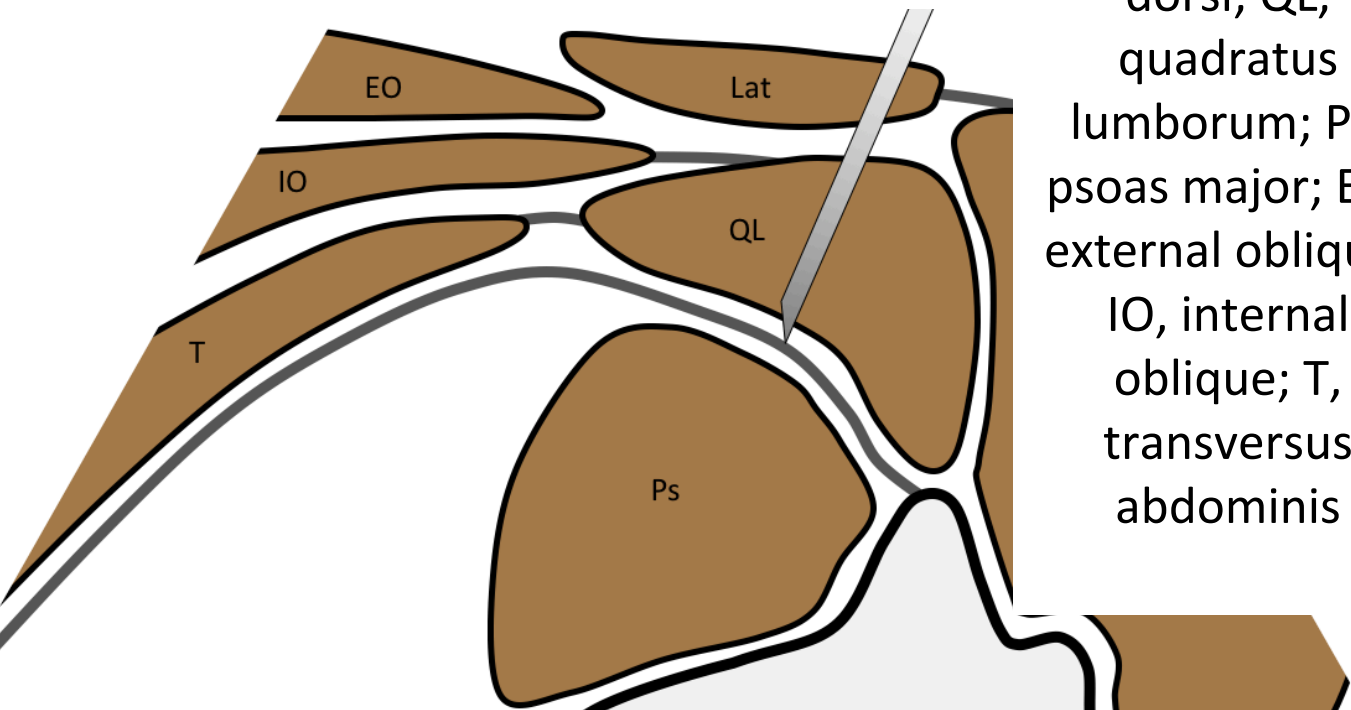
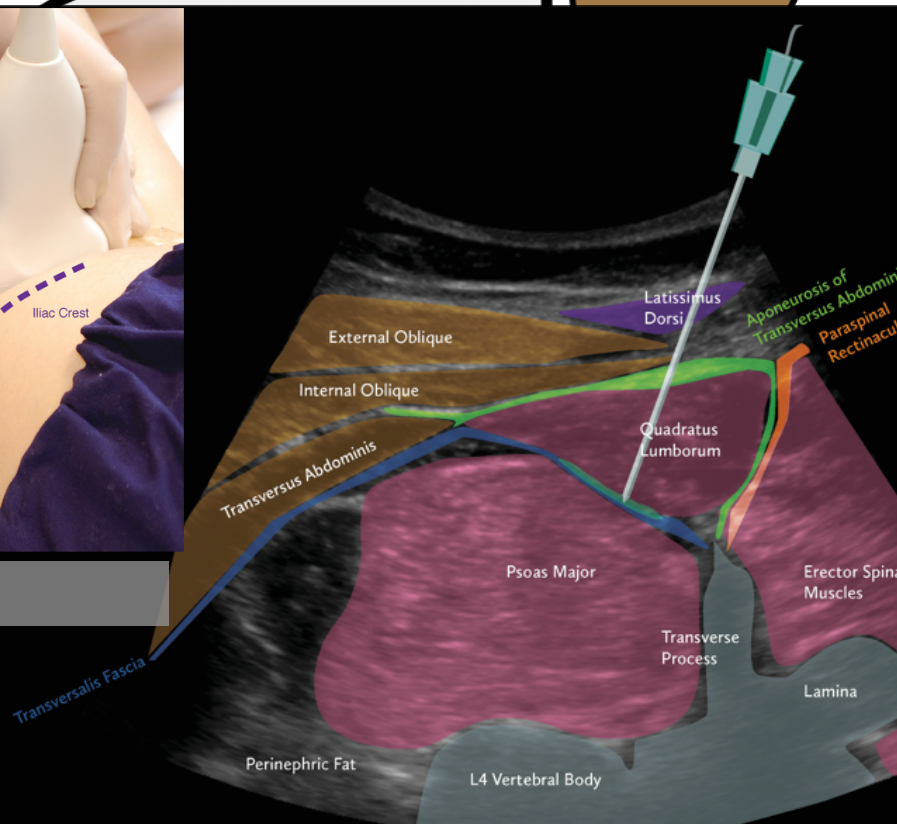


Photo credit: M. Hade



## KEY STRUCTURES TO IMAGE

- LUMBAR (3 -4) TRANSVERSE PROCESSES
- LUMBAR VERTEBRAL BODY
- PSOAS MAJOR
- QUADRATUS LUMBORUM
- APONEUROSIS OF TRANSVERSUS ABDOMINUS

## BACKGROUND

There has been increasing interest in injecting into the TAP plane more posteriorly. QL block is an extension of that practice. It is hypothesized that injecting posteriorly results in more extensive spread of local anesthetic. There is a pathway through the arcuate ligament that results in spread from the QL plane into the paravertebral space. This is an emerging area of clinical research. Injecting local anesthetic anterior to the QL muscle should result in spread involving the subcostal, ilioinguinal and iliohypogastric nerves. There may be spread into the paravertebral space to T9.

## INDICATIONS

- ABDOMINAL SURGERY, RESCUE BLOCKS, NEPHRECTOMY, LAPAROSCOPY, HERNIA REPAIR

## SUGGESTED LOCAL ANAESTHETIC DOSAGES

- 30 mL volume, concentration depends on safe dose

## TRANSDUCER

- Intermediate frequency linear but more likely curvilinear transducer

**NEEDLE**    100 – 150 mm