

Loop Colostomy Performed Under Transversus Abdominis Plane Block

Introduction

Many patients who require abdominal surgery may be unsuitable for general anaesthesia. In the following case we describe the use of TAP block to facilitate the formation of a loop colostomy without the use of GA or sedation.

Case Summary

Our 63 year old patient had been diagnosed with colorectal Ca in 2018 and was unsuitable for chemotherapy. She received several fractions of radiotherapy, but unfortunately her cancer advanced and led to the formation of a rectovaginal fistula.

A diverting loop colostomy was proposed but there were concerns with our patient's respiratory status given her long history of LG muscular dystrophy.

Post discussion with patient, surgeon and anaesthesiologist a TAP block was proposed as the mode of anaesthesia.

TAP Block

Involves the injection of LA into the neurovascular plane between the transversus abdominis and the internal oblique muscle.

TAP Block is a nerve block that anaesthetises the nerves supplying the anterior abdominal wall.

In our patient a TAP block was carried out with the aid of ultrasound. Effectiveness of the block was checked prior to incision and lidocaine was used to infiltrate the peritoneum.

Anaesthesia was sufficient to allow the surgeon to form a loop colostomy without any pain or distress to the patient.

There were nil complications post operatively and both patient and surgeon were satisfied with outcome.

Discussion

This case highlights the importance of regional anaesthesia in the management of patients. Our patient was a poor candidate for general anaesthesia, as her limb girdle muscular dystrophy had compromised her respiratory system.

The TAP block provided an alternate option to GA and the operation was carried out without compromising the patient's respiratory function.

References

www.uptodate.com/contents/abdominal-nerve-block-techniques

Quinlan E, Loughnane F, Harnett M ; Cork University Hospital