

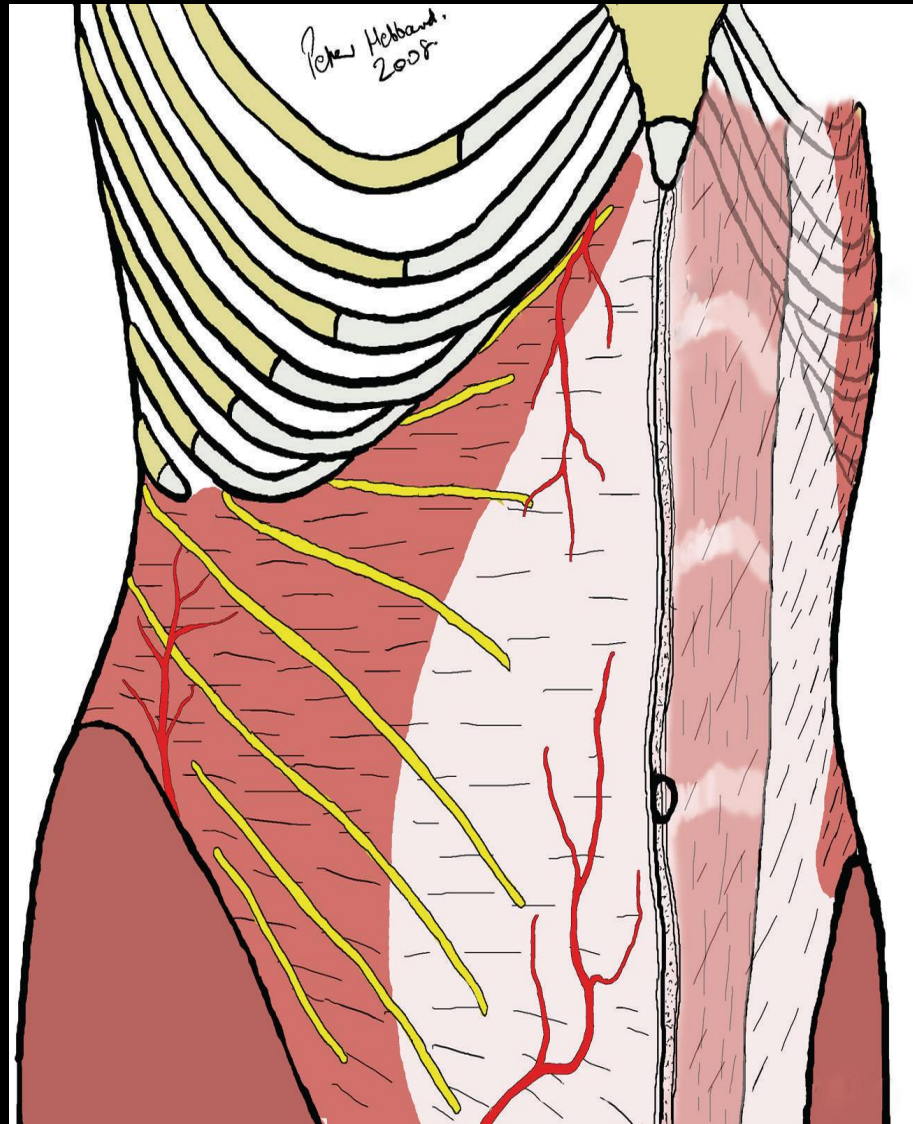
# History

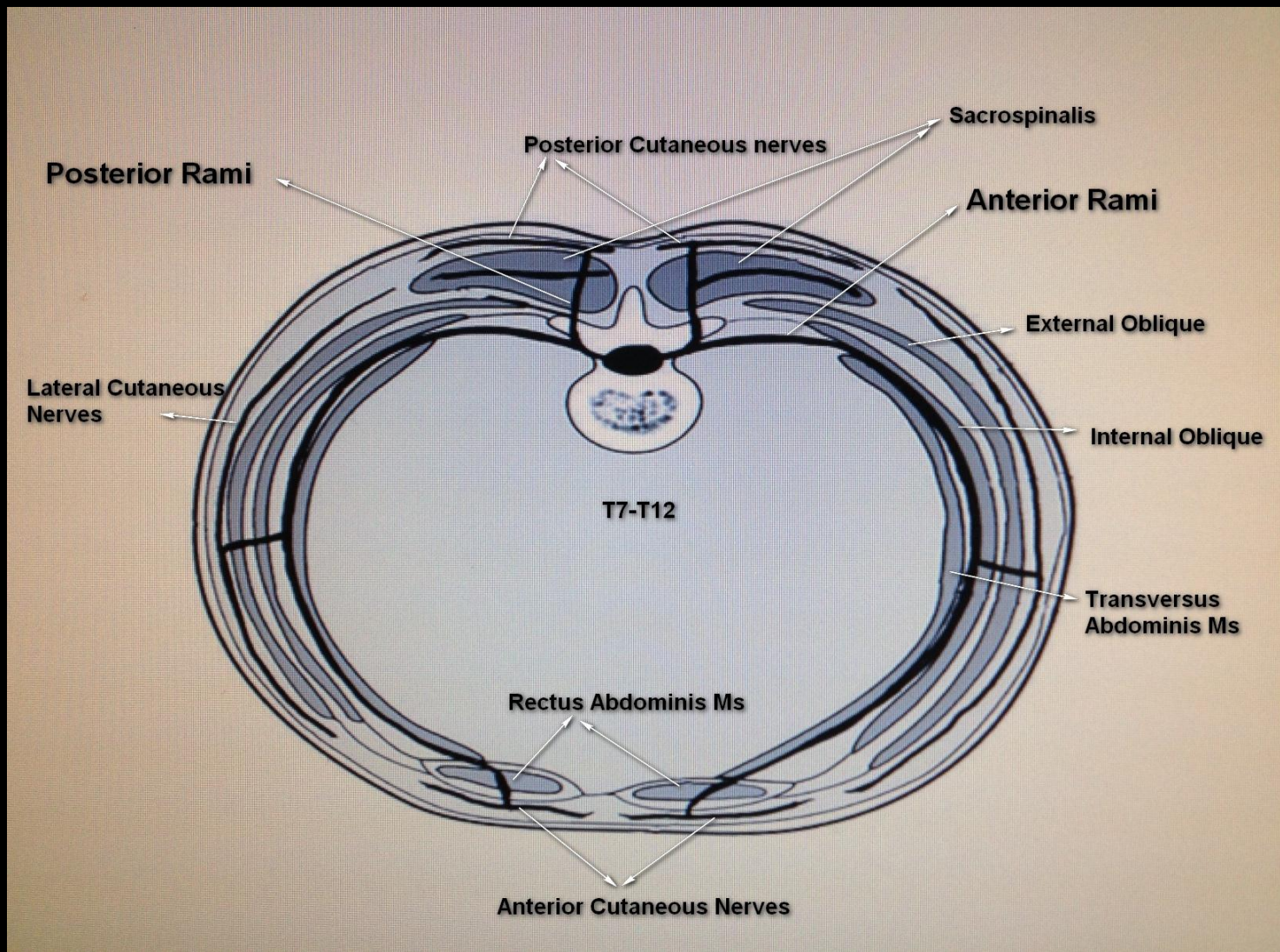
Rafi first described the TAP block in 2001 [2]. He portrayed it as a refined abdominal field block, with a targeted single shot anesthetic delivery into the TAP, a site traversed by relevant nerve branches. This was a significant advance from earlier strategies that required multiple injections [4]. In this approach, utilizing surface anatomical landmarks, the TAP was reached by first identifying the lumbar triangle of Petit (Figure 1), an area enclosed medially by the external oblique, posteriorly by the latissimus dorsi, and inferiorly by the iliac crest [2]. A 24-gauge, blunt-tipped, 2-inch needle was then advanced perpendicular to the skin through a preceding skin incision until a single confirmatory “pop” was appreciated. This sensation was thought to indicate proper needle depth for anesthetic delivery. In 2004, McDonnell et al. presented preliminary work on TAP blocks in cadavers and in healthy volunteers at the scientific meeting of the American Society of Anesthesiologists [5].

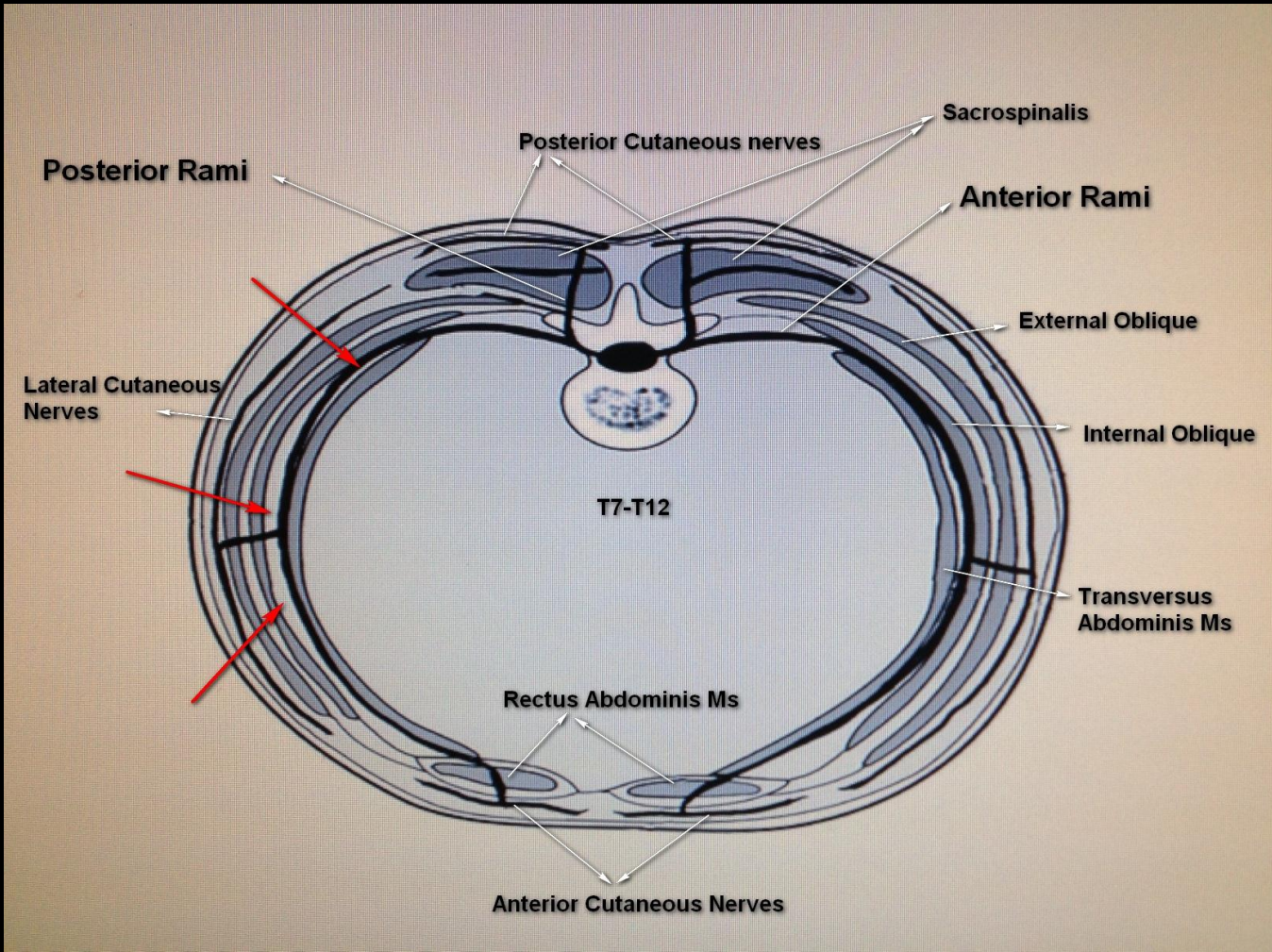
Clinical Implication of the Transversus Abdominis Plane Block in Adults (Review Article);  
Anaesthesiology Research and Practice; vol 2012. 1-11

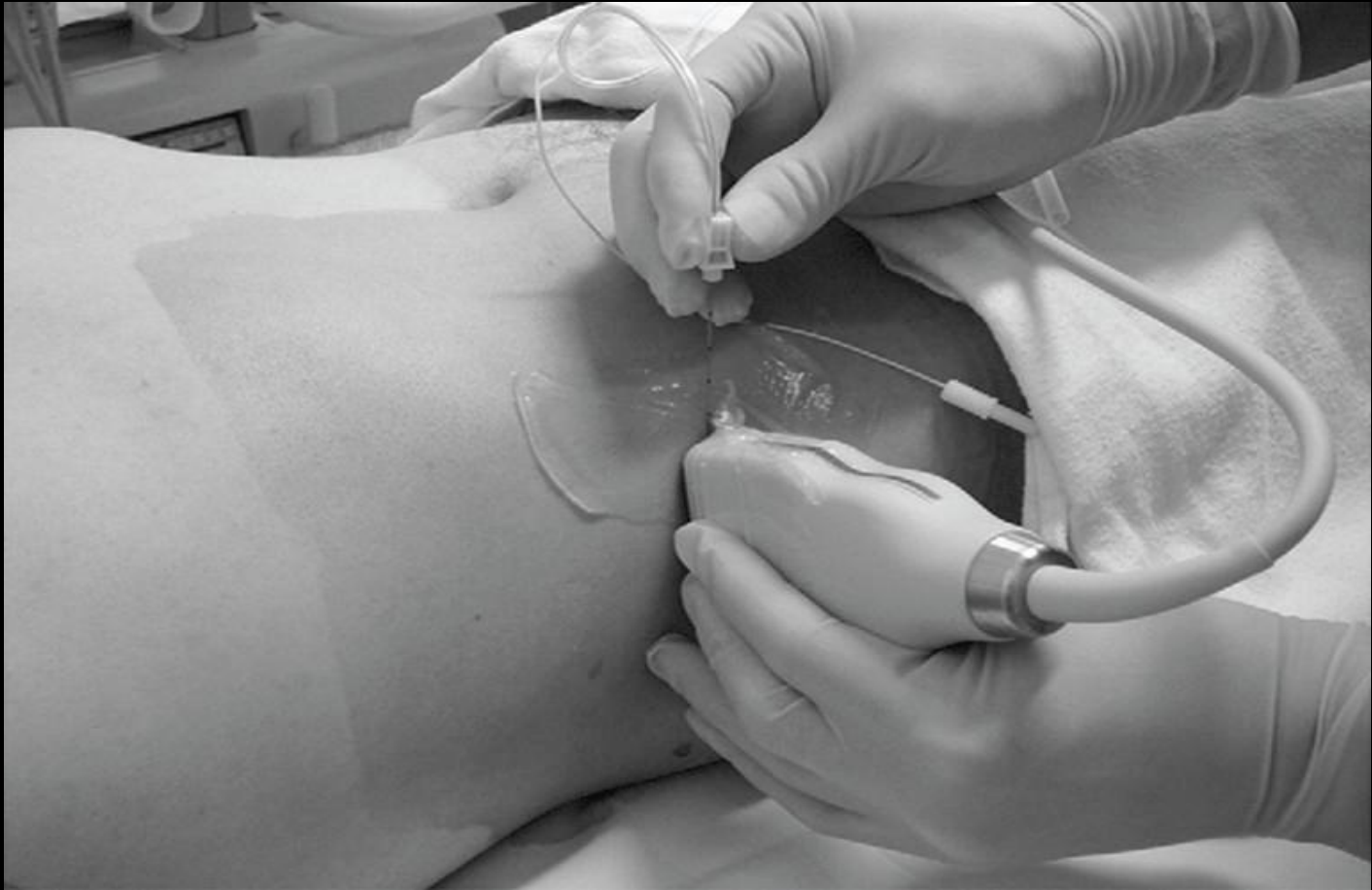
Mark J. Young, Andrew W. Gorlin, Vicki E. Modest, and Sadeq A. Quraishi.















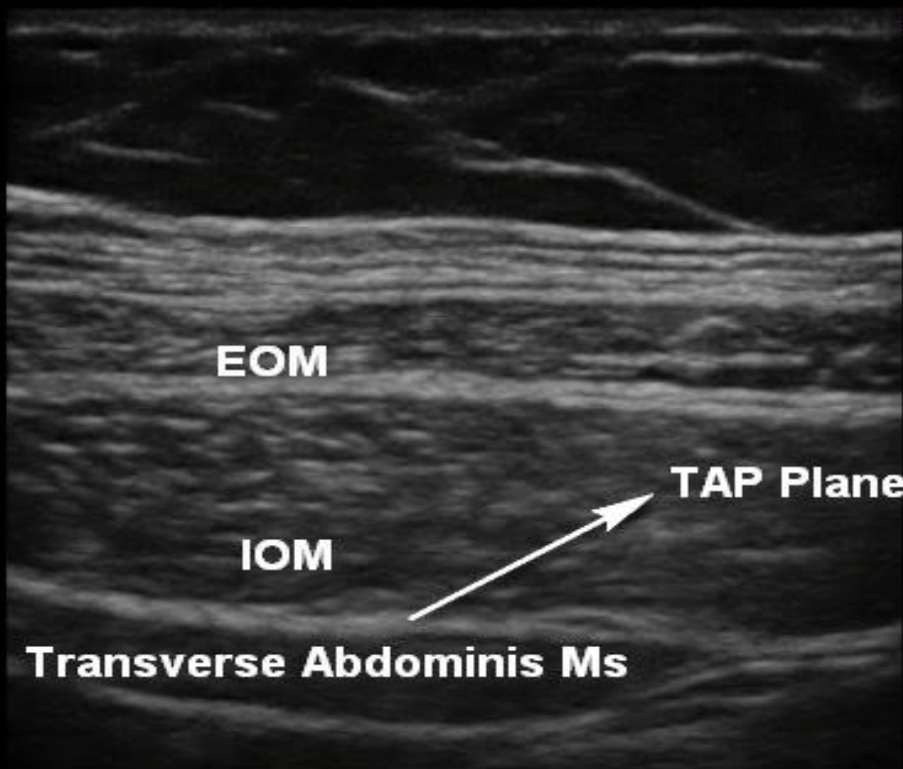


TAP, HULL

Res MB

2010Jul06 11:49

Nrv  
HFL  
99%  
MI  
0.7  
TIS  
0.1



4.0

- Patient
- Auto Gain
- Res
- Clip
- Page 1/3

- Gain
- Depth
- Freeze
- Save
- Options
- Color



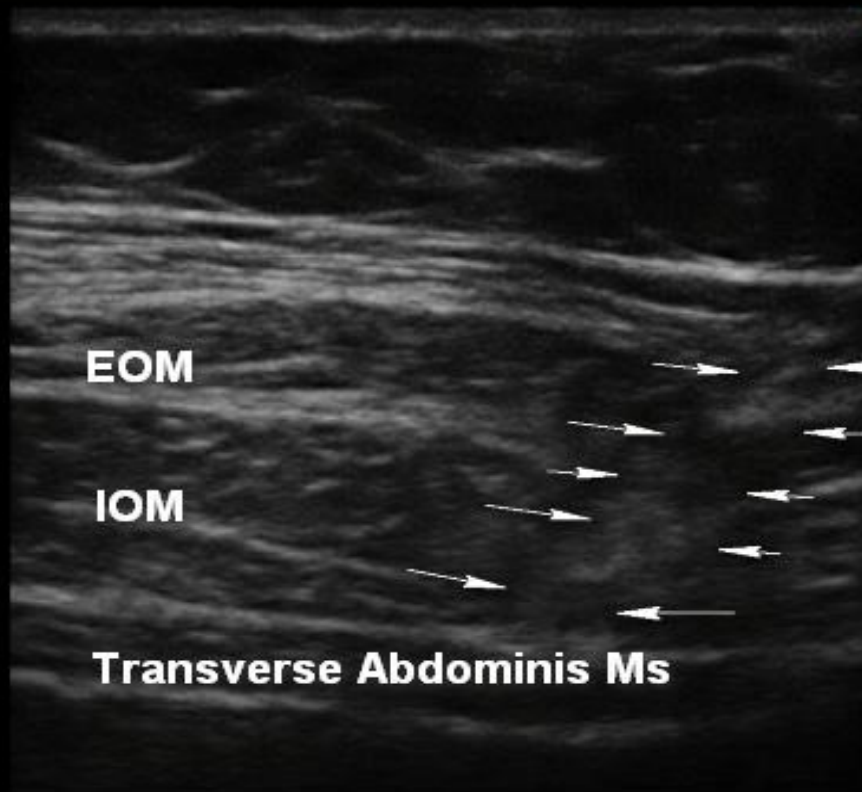
TAP, HULL

Res MB

2010Jul06 11:53

Nrv  
HFL  
98%  
MI  
0.7  
TIS  
0.1

- Patient
- Auto Gain
- Res
- Clip
- Page 1/3



Needle  
Shadow

4.0

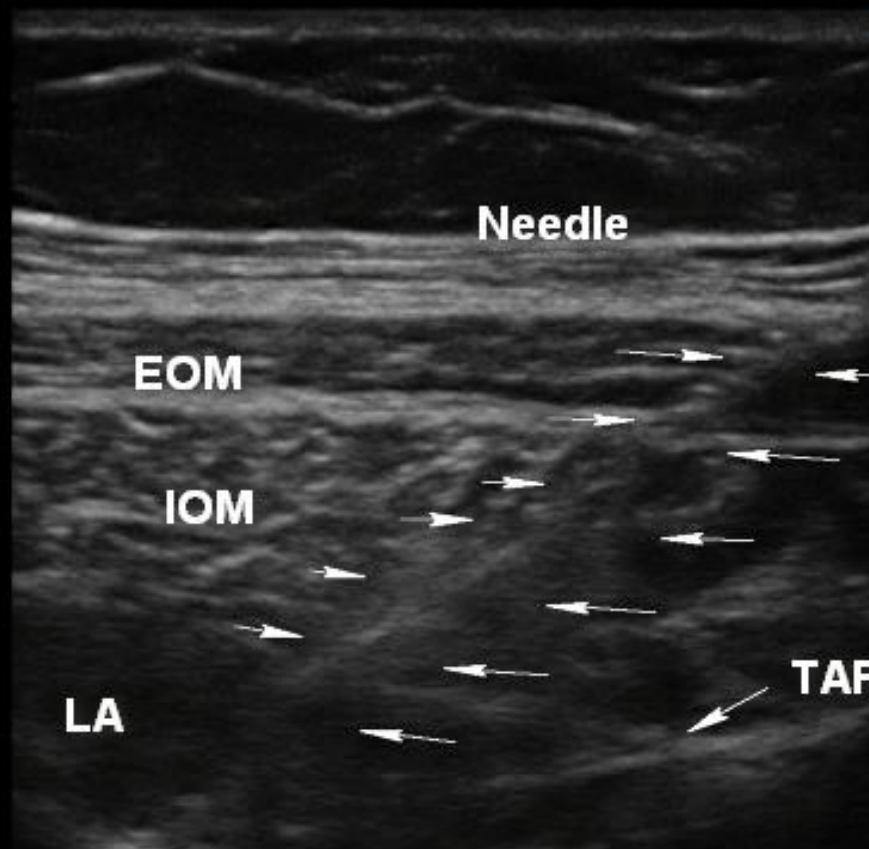
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- Depth
- Freeze
- Save
- Options
- Color

TAP, HULL

Res MB

2010Jul06 11:55

Nrv  
HFL  
98%  
MI  
0.7  
TIS  
0.1



Patient

Auto Gain

Res

Clip

Page 1/3

Gain

Depth

Freeze

Save

Options

Color

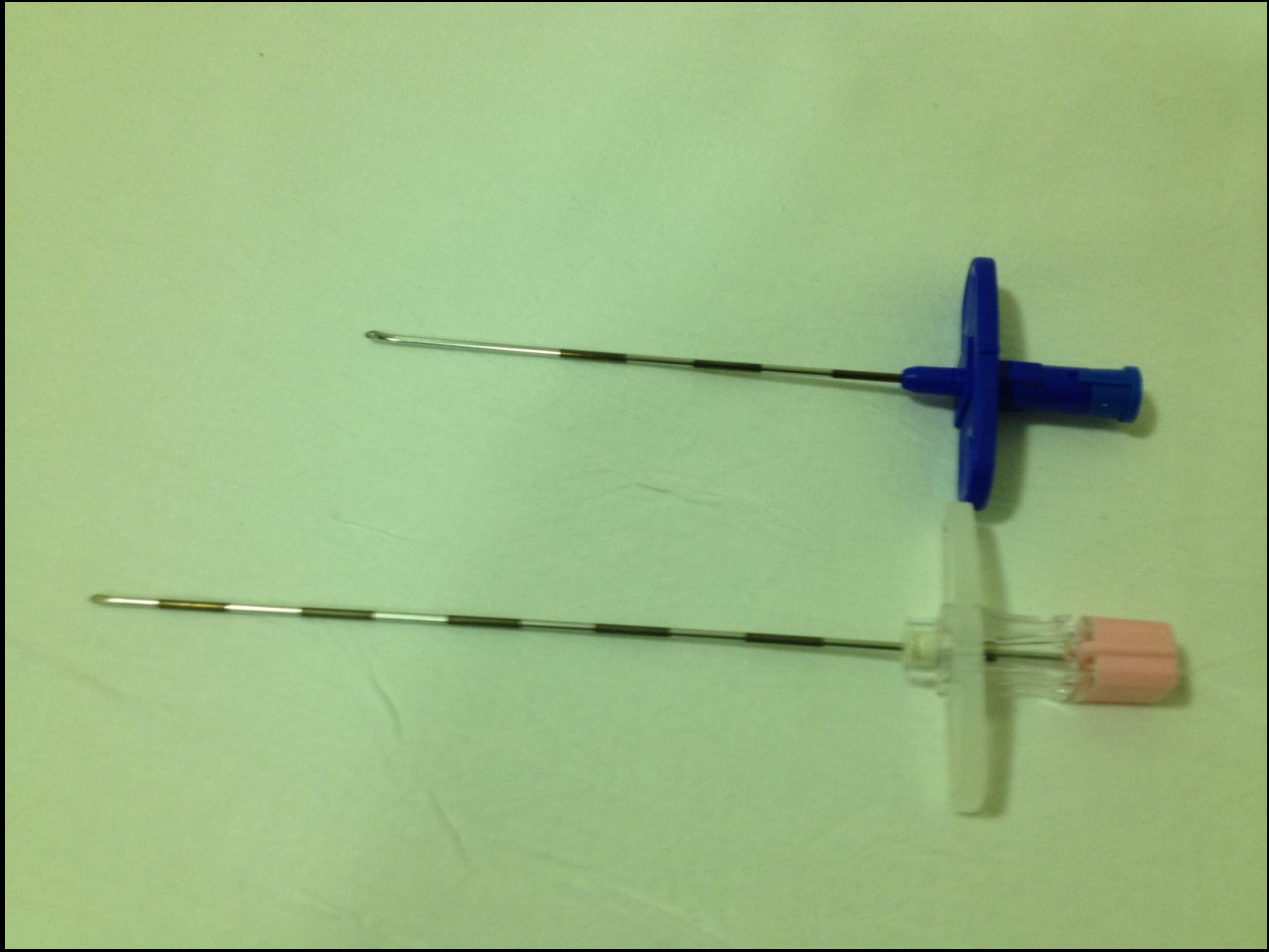
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# TAP block Video with Needling

# Challenges with TAP Block in Bariatric cases

- Technical problem ( linear vs Curvi linear US probe)
- Anatomical challenges and ergonomics
- Needle size
- Needle designs
- Dosage of Local Anaesthetics









BARIATRIC, SURGERY

Res

S MB

2012Nov26 09:24

Ven

L25

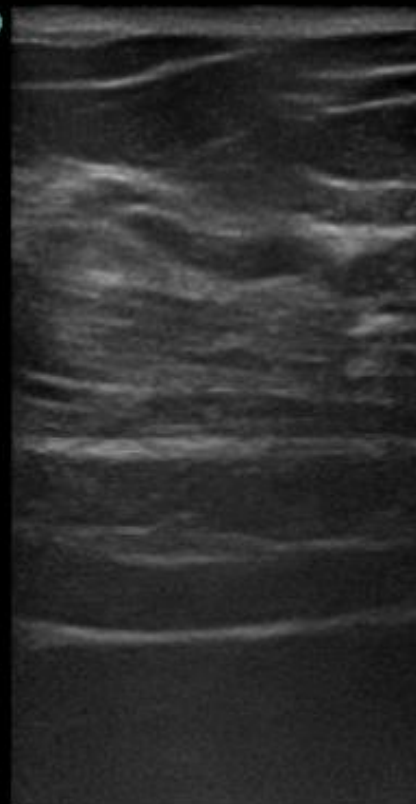


99%

MI

0.7

A



5.1



Res



0



S On



MB On



Dual

Page 1/2



BARIATRIC, SURGERY

Res  
S MB

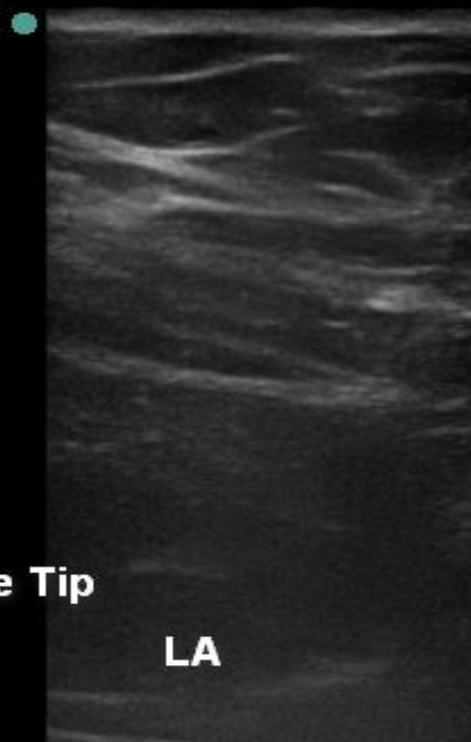
2012Nov26 09:25

Ven  
L25



99%

MI  
0.7



Needle Tip

LA

5.1

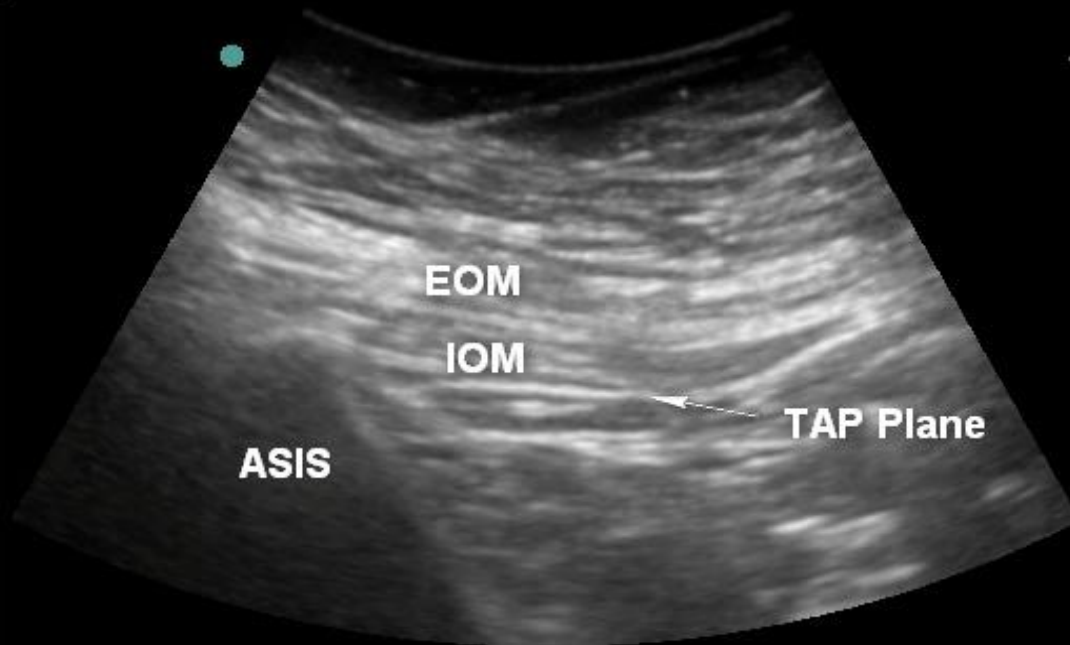


BARIATRIC, SURGERY

2012Nov26 09:27

Gen THI  
S MB

Abd  
C60



99%

MI  
0.8



7.8



Gen



0



S On



MB On



THI

On

Page 1/2

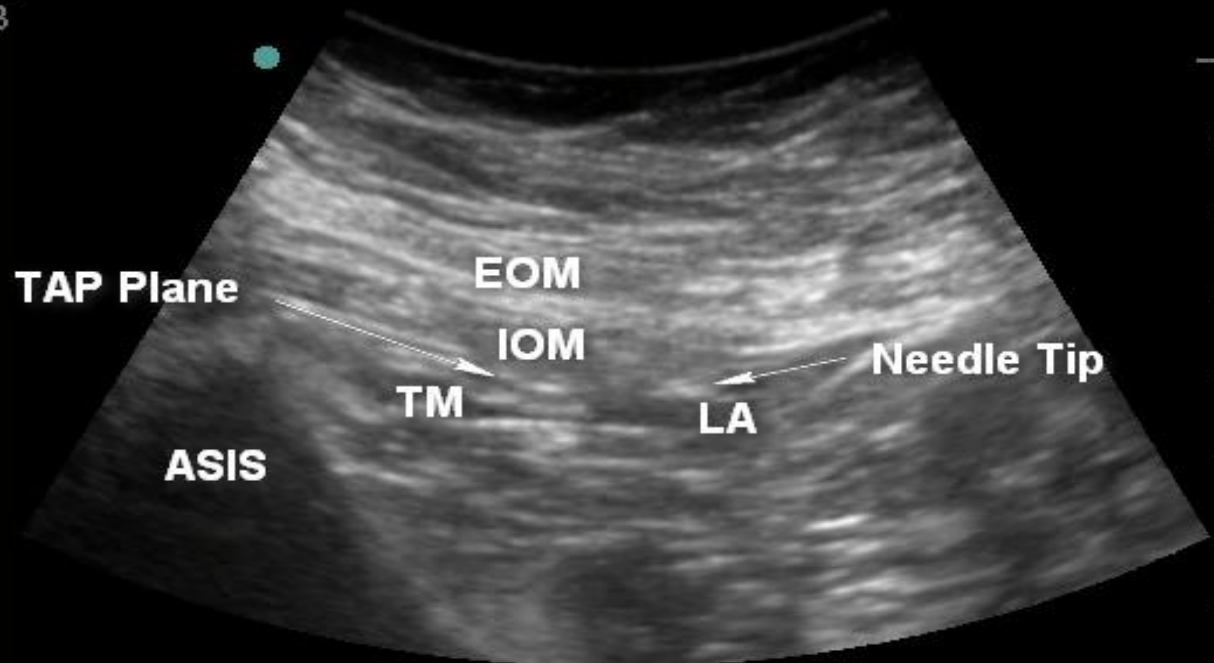


BARIATRIC, SURGERY

2012Nov26 09:28

Gen THI  
S MB

Abd  
C60



99%  
MI  
0.8

A

7.8