



Letter to the Editor

Ultrasound guided catheter placement for TeQuiLa block: a novel technique for post-operative analgesia for abdominal surgeries

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Abstract

Ultrasound guided abdominal plane blocks are being considered as effective measure for postoperative analgesia. Among these Quadratus Lumborum Block has been reported to provide adequate analgesia for abdominal surgeries. Placement of catheter for continuous infusion of local in these plane provide long term analgesia for abdominal surgery. More recently, a transmuscular quadratus lumborum block (TeQuiLa

Block) was described by Borglum et al and we have tried to use catheter placement and local anesthetic infusion for the same.

Keywords: Quadratus lumborum, Tequila block, QL catheter

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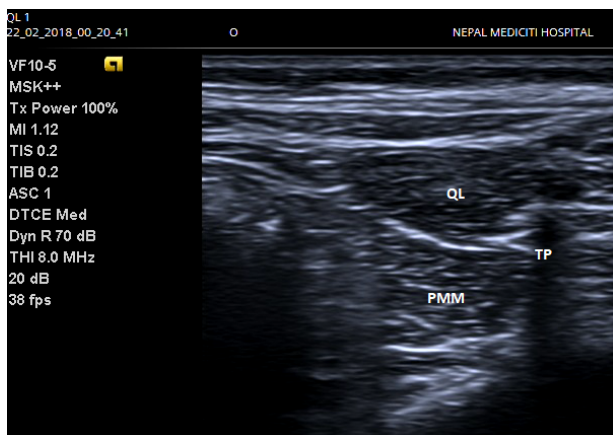


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Sir,
Ultrasound guided abdominal plane blocks are being considered as effective measure for postoperative analgesia. Among these Quadratus Lumborum (QL) Block has been reported to provide adequate analgesia for abdominal surgeries.¹ Placement of catheter for continuous infusion of local in these plane provide long term analgesia for abdominal surgery. More recently, a transmuscular QL block (TeQuiLa Block) was described by Borglum et al² and we have tried to use catheter placement and local anesthetic infusion for the same.

A 44-year-old lady with diagnosis of Cancer of head of Pancreas was posted for Whipples procedure. Her physical examination including lab parameter was optimized to acceptable level. The written informed consent was taken for anesthesia including bilateral catheter placement. Ultrasound guided transmuscular QL catheter (TeQuiLa catheter) was placed bilaterally

after administration of standard uneventful general anesthesia. Although the catheter placement can be accomplished using both linear and curvilinear probe, ours' was facilitated by 18 G tuohy epidural needle in lateral position using linear probe 5-10 MHz (Acuson P 500, Korea). About 5 ml of normal saline was used to identify the proper sonographic anatomy on each side.



PMM: psoas major muscle, TP: Transverse Process, QL: Quadratus lumborum

Twenty ml of 0.5% of ropivacaine bolus was injected on either side and continuous infusion of 0.2% of ropivacaine was started at the rate of 3ml/hr with syringe pump on each side. Total opioid consumption was low with 100 micrograms of fentanyl used during induction of anesthesia and 150 microgram of fentanyl was used during surgery period of five hours. After reversal of anesthesia, during the first hour of recovery, visual analog scale (VAS) was 3 and for next

72 hours it was between 1-2 on rest and on movement as well. Then the catheter was removed. Paracetamol 1gram QID was also used. Though Fentanyl was prescribed as rescue analgesic, it was not administered during the 72 hours of observation. This exciting result opened new scope of study for the QL block and catheter placement in patient undergoing abdominal surgeries where incision was given above and below the umbilicus. There was no motor blockade, urinary retention after removal of Foley catheter, or abdominal distention.

TeQuiLa infusion might be a valuable technique for postoperative pain relief in any abdominal surgery. However, further trails and evaluation is needed to confirm its adequacy.

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