Successful Use of TAP Blocks to Treat Chronic Abdominal Pain

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The patient was a 52 year old female who presented originally with chronic abdominal pain of 15 years duration. This was after multiple abdominal surgeries secondary to gallbladder pathology. She described the pain in both nociceptive and neuropathic terms. Her pain failed to improve with multiple neuromodulator trials, topicals, and physical therapy. Her course moved on to abdominal trigger point injections, which gave her minimal relief. Eventually, she found sustained relief with periodic transversus abdominis plane (TAP) blocks. Her initial TAP block gave relief for over 2 months. Her TAP blocks have ranged in dosing from 15 ml of 0.25% bupivacaine with 20 mg depomedrol per side bilaterally to 35 ml of 0.25% bupivacaine per side bilaterally. While TAP blocks are usually done for acute post-operative pain control after abdominal surgeries, this modality of pain relief has a role in the management of chronic somatic abdominal pain. More studies need to be done to better determine optimal local anesthetic dosing. This also includes the use of adjunctive agents to increase the intensity and duration of analgesia, particularly steroids and alpha-2-adrenergic agents such as clonidine.