

## PARALLEL SESSION 5:

# THORACIC & ABDOMINAL BLOCKS

TIME: 15:45 - 17:15



15:45 - 16:00

### M-TAPA Blocks

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#### Abstract:

Modified thoracoabdominal nerves block through perichondrial approach (M-TAPA) has attracted attention because of its wide analgesic coverage of the abdominal trunk with a single puncture per side. M-TAPA is performed on the lower aspect of the chondrium at the tenth costal levels, and local anesthetics are administered between the internal oblique and transversus abdominis muscles under ultrasound guidance.

Initially, it was expected to block the anterior and lateral cutaneous branches of T5–12 and be effective for a long-term to provide overnight analgesia; however, recent studies suggest that the reliable analgesic range is in the regions of the T7–11 anterior cutaneous branches, with an effective duration of approximately 14 h.

Based on these characteristics, the best indication for M-TAPA may be laparoscopic surgery in which the port site is placed around the umbilicus. Currently, laparoscopic cholecystectomy is the procedure with the most evidences regarding M-TAPA, and several RCTs have compared M-TAPA with non-interventional procedures, wound infiltration, and oblique subcostal transversus abdominis plane block.

Additionally, M-TAPA has been examined for efficacy in laparoscopic inguinal hernia repair, gynecologic laparoscopic surgery, radical hysterectomy (laparotomy), and laparoscopic sleeve gastrectomy.

Here, I introduce the results of these clinical studies and discuss the indications for M-TAPA that can be applied clinically.