

## LETTER

## Effect Of Dexamethasone Added To Levobupivacaine Used For TAP Block

Dear Editor,

With great interest, we read the recent article by Aydogmus et al<sup>1</sup> regarding the comparison of the analgesic efficiency of ultrasound (US) guided transversus abdominis plane (TAP) block and local anesthetic infiltration on a wound site. The authors very clearly discussed the analgesic efficiency of US guided TAP block on postoperative pain management of patients who have had a caesarean section under spinal anesthesia. They showed that US guided TAP block might be superior to infiltration anesthesia for postoperative pain management of patients who have had a caesarean section and it provided longer lasting and more efficient analgesia. In addition to their discussion, we would like to present our findings from a previous study in this area, to emphasize the efficiency of TAP block applied to patients who undergo a caesarean section.

TAP block performed in conjunction with US for postoperative analgesia is frequently used as an alternative modality in caesarean surgeries<sup>2</sup>. In our study<sup>3</sup>, we aimed to determine the effect of dexamethasone added to levobupivacaine used for TAP block in forty-two women who underwent a caesarean section under spinal anesthesia. Patients included in the two groups were all American Society of Anesthesiologists (ASA) I-II risk group. In the levobupivacaine group, patients were administered bilateral 30 ml 0.25% levobupivacaine and 2 ml 0.9% NaCl in a TAP block performed with US. In the dexamethasone group, patients were administered bilateral 30 ml 0.25% levobupivacaine and 2 ml dexamethasone (8 mg) in a TAP block performed with US. In the postoperative period, the time need for the first analgesic and the total additional analgesic amounts were recorded. We found that the time before the administration of the first additional analgesic dose was prolonged significantly in the dexamethasone group compared to the levobupivacaine group, and the pain scores were lower in the dexamethasone group for superficial pain. Additionally, we determined the total consumption of tramadol was significantly lower in the dexamethasone group.

The study by Aydogmus et al<sup>1</sup> shows the importance of TAP block in postoperative pain management of patients who have had caesarean section while we observed in our study that utilization of dexamethasone added to levobupivacaine had a prolonging effect on the TAP block applied for analgesia following a caesarean section. More studies about the positive effect of TAP block on early mobilization and hospitalization time, need to be carried out.

**References**

1. Aydogmus M, Sinikoglu S, Naki M, Ocak N, Sanli N, Alagol A. Comparison of analgesic efficiency between wound site infiltration and ultra-sound-guided transversus abdominis plane block after cesarean delivery under spinal anaesthesia. *Hippokratia*. 2014; 18: 28-31.
2. Belavy D, Cowlshaw PJ, Howes M, Phillips F. Ultrasound-guided transversus abdominis plane block for analgesia after Caesarean delivery. *Br J Anaesth*. 2009; 103: 726-730.
3. Akkaya A, Yildiz I, Tekelioglu U, Demirhan A, Bayir H, Ozlu T, et al. Dexamethasone added to levobupivacaine in ultrasound-guided transversus abdominis plain block increased the duration of postoperative analgesia after caesarean section: a randomized, double blind, controlled trial. *Eur Rev Med Pharmacol Sci*. 2014; 18: 717-722.

**Conflict of interest**

Authors declare no conflict of interest.

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