

Ultrasound-guided transversalis fascia plane block for alveolar cleft repair with iliac crest bone graft

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Introduction

- Alveolar cleft repairs are often completed with iliac crest bone graft (IBG).
- · Autologous IBG harvesting is associated with patient morbidity including persistent pain at the donor site, difficulty with ambulation, and limitations in daily activities.1
- The transversalis fascia plane (TFP) block has been shown to be an effective technique for managing pain after IBG harvesting in adults.²
- We report the use of the TFP block as a safe and useful adjuvant in a small series of pediatric patients undergoing alveolar cleft repair with autologous IBG.

Methods

- We identified and consented four patients undergoing alveolar cleft repair with IBG for general anesthesia and a single shot TFP block.
- Anesthesia was maintained with sevoflurane and a standardized regimen of intravenous acetaminophen, ketorolac, and morphine titrated to effect
- · Postoperative pain scores, location of pain (when available), and opioid requirements were collected and reported.

Methods	
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Patients were positioned supine with a bump under the hip. A	
linear ultrasound (US) probe was	S
placed in the transverse	
orientation just superior to the	
iliac crest. The transversus	
abdominis (TA) and internal	
oblique muscles were traced	
posteriorly until they tapered into)
a common aponerousis. Using a	
2" spinal needle, 0.5-1cc/kg (mai	х
20cc) of 0.2% ropivicaine was	
injected in the plane between the	Э
TA muscle and the underlying	
transversalis fascia.	

	Age	kg	PACU pain (location) score/ opioids	Ward admit pain score/ opioid	12am POD1 pain (location) score/opioids	8am POD1 pain (location) score/opioids	 No pati an IV o dose in postope No pati pain at site in t On the
P1	15	54	0 (NA)/none	0 (NA)/ none	3 (mouth)/oxy 5mg	3 (hip)/oxy 5mg	receive at a fre every fo
P2	10	27	5 (mouth)/ oxy 0.1mg/ kg	0 (NA)/ none	7 (mouth)/oxy 0.1mg/kg	1 (NA)/oxy 0.1mg/kg	hours a pain. • First si docum patient
Р3	11	46	0 (NA)/none	0 (NA)/ none	9 (mouth)/oxy 0.1mg/kg	1 (NA)/oxy 0.1mg/kg	 mouth. Hip pai in any point One (24)
P4	8	17	0 (NA)/none	0 (NA)/ none	4 (mouth)/oxy 0.1mg/kg	2 (NA)/oxy 0.1mg/kg	 No adve complica the TFP

Table 1: Not available (NA); oxycodone (oxy)

Discussion

- Previous studies have demonstrated the utility of local anesthetic infiltration. On-Q wound catheters and paravertebral nerve blocks for autologous IBG harvest site analgesia. 3,4
- Our small case series illustrates that the US-guided TFP block is a potentially safe and efficacious modality for pain management in pediatric patients undergoing alveolar cleft repair with IBG.
 - Further study is needed to determine the role of this abdominal wall nerve block in the perioperative management of this patient population.

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Conclusions

US-guided TFP block may be a useful and safe adjuvant in managing patients undergoing alveolar cleft repair with IBG.

References

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