

Quadratus Lumborum Blocks for Post-operative Analgesia for In-utero Myelomeningocele Repair

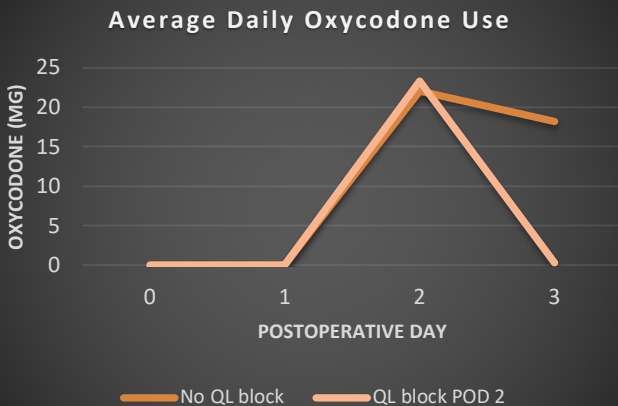
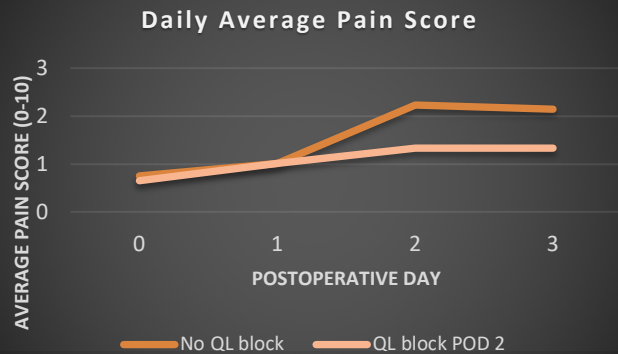
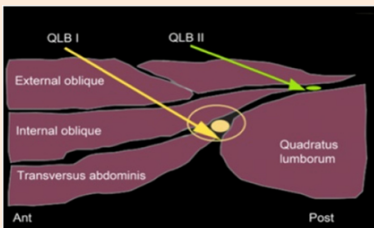
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Introduction

- Pregnant patients with in-utero fetal myelomeningocele (MMC) may undergo open fetal surgical repair between 19-26 weeks gestational age
- Epidural and narcotics are used for optimal postoperative pain control.
- Pain control is with thoracic epidural catheter for 48 hours postoperatively followed by PO acetaminophen and oxycodone.
- Single shot quadratus lumborum (QL) block performed bilaterally prior to epidural catheter removal as a trial to decrease the narcotic consumption and better pain control.

Method

- A review of 20 patients over one year who underwent in-utero MMC repair between the ages of 19-37, 3 out of 20 received bilateral QL blocks.
- Post-operatively, narcotics consumption and pain control scores were reviewed from postoperative day 0 to 3.
- Pain Numeric Rating Scale used for pain scoring.



Results

- Scheduled oxycodone was not required for patients who received QL blocks.
- Narcotic consumption reduced by 87% on POD 3.
- Pain scores reduced by 44% with significant patient satisfaction.

Conclusions

- Bilateral QL block is recommended for better pain control, decrease narcotic consumption and patient satisfaction.
- This is very limited data but significant enough to do a prospective analysis to be statistically significant.

References:

- Sutton, L. (2008). *Best Practice & Research Clin Ob. & Gyn*, 22(1), 175-188.
- Transmuscular Quadratus Lumborum Block. <http://www.usra.ca/regional-anesthesia/specific-blocks/trunk/tqlblock.php>

