# Gövde Blokları

# 4

Arunangshu Chakraborty, Rakhi Khemka ve Amit Dikshit
Çeviri: Dr. Murat BİLGİ

## 4.1 Giriş

Hebbard ve arkadaşları ultrason eşliğinde transversus abdominis plan (TAP) bloğunu tanımlayana kadar [1] ultrasonun rejyonal anestezide kullanımı başlangıçta periferik sinir bloklarıyla sınırlıydı.

Ultrason eşliğinde gövde bloklarının kendine has özelliği, tüm bu tekniklerde, periferik sinir bloklarının aksine, hiçbir sinir veya pleksusun tanımlanmasına gerek olmamasıdır. Lokal anestezik (LA) belirli bir kas düzlemine (plan) enjekte edilir. Enjekte edilen materyalin sinirlere ulaşması ve yayılımı hedeflenir. Bu basit mekanizma, sinir bloklarının uygulanmasını kolay ve çok yönlü hale getirmiştir.

Gövde blokları genel olarak karın duvarındaki bloklar, göğüs duvarındaki bloklar ve sırt bölgesi blokları olarak ayrılabilir (Tablo 4.1).

## 4.2 Karın Ön Duvar Blokları

### 4.2.1. Transversus Abdominis Plan (TAP) Bloğu

Karın ön duvarını inerve eden T7-L2 interkostal sinirlerin ön dallarıyla, ilk lomber spinal sinirin (L1) ön dalı, internal oblik kas (İOK) ve transversus abdominis kası (TAK) arasındaki düzlemde birlikte seyreder [2]. Teknik, bu kaslar arasındaki düzleme 15-20 mL LA enjekte etmeyi amaçlar (Şekil 4.1). Landmark temelli teknik ilk olarak Dr. Rafi tarafından tanımlanmıştır [3]. Teknik, Petit'in lomber üçgenine dik olarak giren künt uçlu bir iğne ile iki 'pop' veya direnç kaybını almayı içeriyordu. Orta hat ameliyatlarında, blok her iki


**Şekil 4.33** Torakal paravertebral bloğun (TPVB) parasagital oblik ultrason görüntüsü, Transvers proses (beyaz çizgi), PVB boşluk içindeki iğne yönü (sarı çizgi) ve alttaki plevra görülmektedir

## Doz

1. Cerrahi Anestezi: Her seviyede 3-5 mL dozunda %0,375–0,5 Ropivakain veya Bupivakain veya Levobupivacain. Kateterli veya katetersiz çok seviyeli enjeksiyonlar tercih edilen yöntemlerdir.
2. Postoperatif analjezi: 0,3 mL/kg veya 15-20 mL ropivakain %0,2 ya da %0,125-0,25 bupivakain, levobupivakain adjuvanlı veya adjuvansız kullanılabilir**.**

## Blok Arkadaşı İnciler

- TPVB göğüs ameliyatları için mükemmel analjezi sağlayabilmesine rağmen, pektoralis majör, minör, serratus anterior ve latissimus dorsi gibi göğüs duvarı kaslarının manipülasyonu ağrı oluşturur. Bunun sebebi söz konusu kasların paravertebral blok seviyesine (T3-T6) kıyasla çok daha yüksek (C5-T1) orjinli brakial pleksus dalları tarafından inerve edilmeleridir.
- Göğüs cerrahisinde cerrahi anestezi için çok seviyeli TPVB gereklidir. ESPB ise tek bir enjeksiyonda birden fazla dermatomal seviyeyi kapsar. Dolayısıyla ESPB'nin ortaya çıkışının ardından TPVB gözden düşmüştür. ESPB daha güvenli ve daha kolay bir alternatiftir.
- TPVB'ye enjekte edilen daha yüksek hacimde LA epidural yayılımı nedeniyle hipotansiyona neden olabilir.
- TPVB'ye bir tarafa enjekte edilen yüksek hacimde LA teorik olarak diğer tarafı bloke edebilir, çünkü iki boşluk prevertebral alan ile birbirine bağlıdır.

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