

Xème Symposium sur les prothèses pariétales
MESH 2014
PARIS 13 Juin 2014

Le TAP dans le TIPPP. Duo gagnant?

C. Lejeune, JM Chollet ,
(Hopital privé d'Antony)

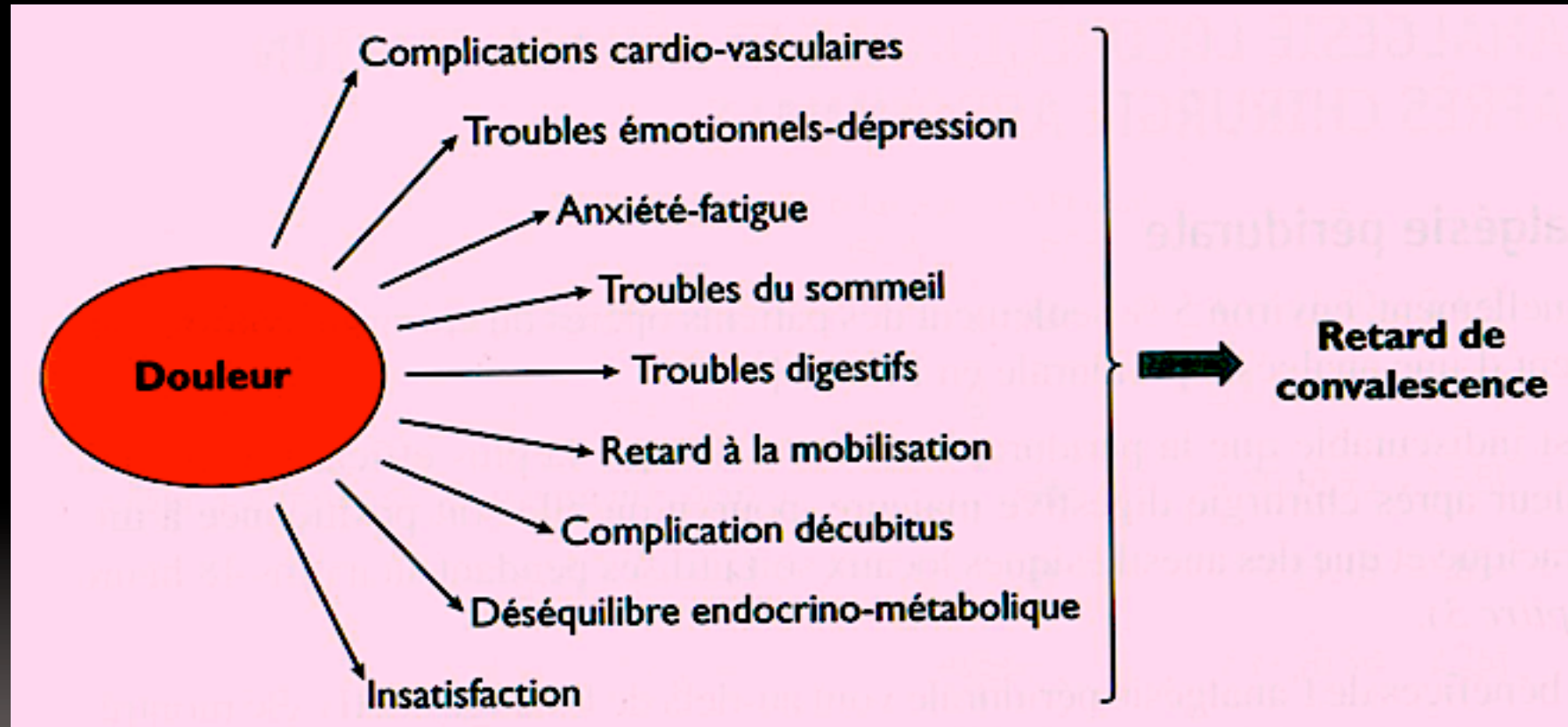


AMBULATOIRE : LES CLEFS DU SUCCES

- Une volonté partagée
 - ✓ organisation
 - ✓ coordination
 - ✓ anticipation
- ➔ parcours patient



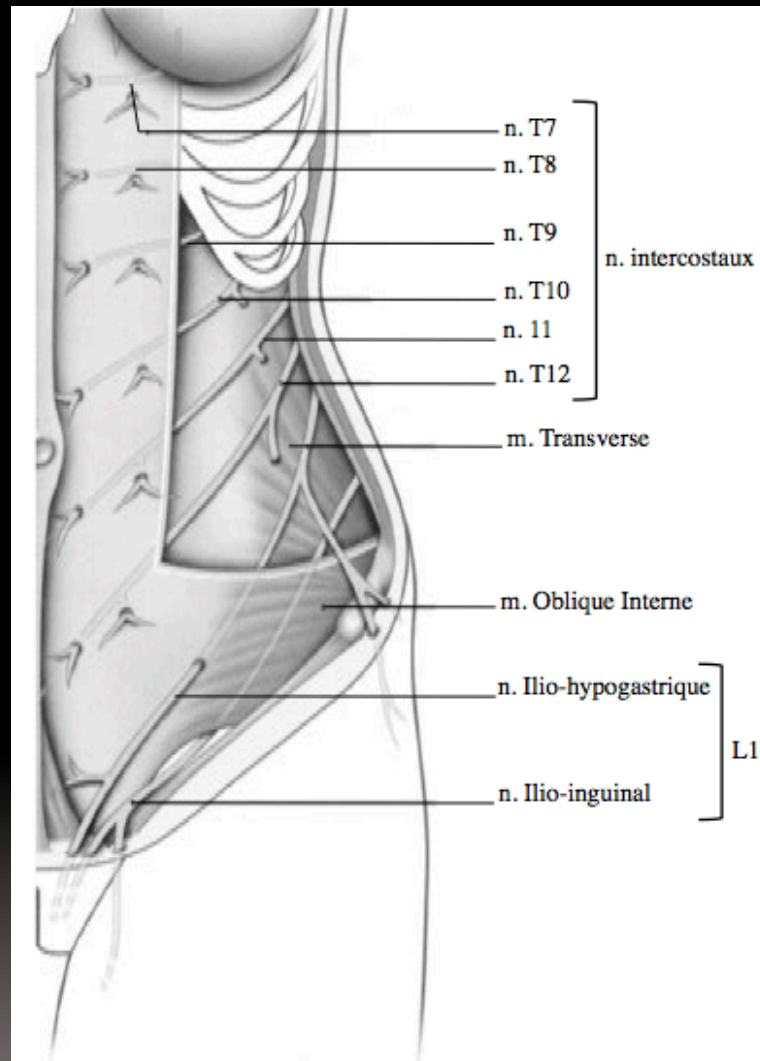
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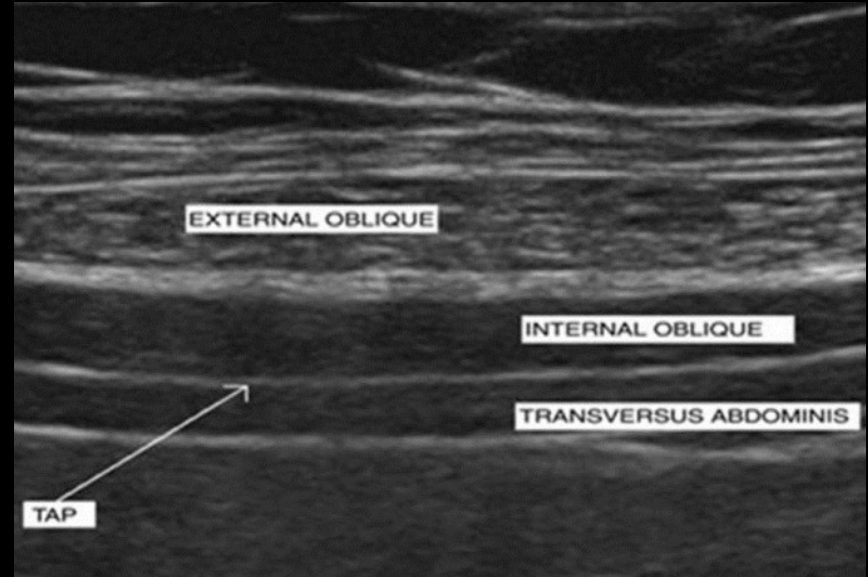
DISTRIBUTION DES NERFS DANS LE TAP BLOC



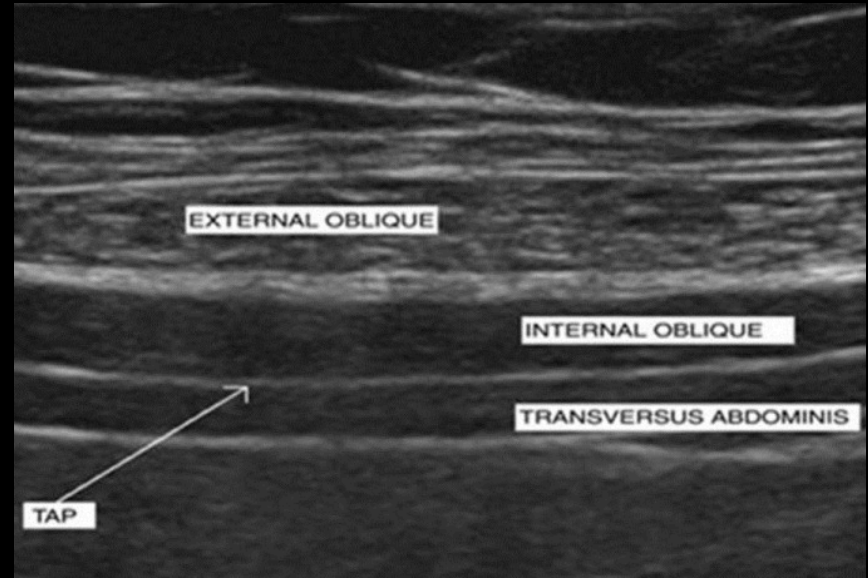
DISTRIBUTION DES NERFS DANS LE TAP BLOC



TAP BLOC



TAP BLOC



TAP

Perioperative transversus abdominis plane (TAP) blocks for analgesia after abdominal surgery (Review)

Charlton S, Cyna AM, Middleton P, Griffiths JD



THE COCHRANE
COLLABORATION®



MESH 2014

TAP

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« There are insufficient data on method of block localisation, block timing, doses and volumes of local anaesthetic required, and adverse effects to enable any conclusions about block methodology to be drawn ».

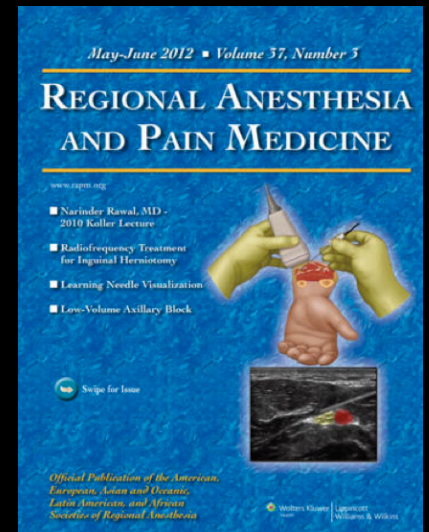


REVIEW ARTICLE

Transversus Abdominis Plane Block A Systematic Review

Faraj W. Abdallah, MD, Vincent W. Chan, MD, FRCPC, and Richard Brull, MD, FRCPC

Regional Anesthesia and Pain Medicine • Volume 37, Number 2, March-April 2012

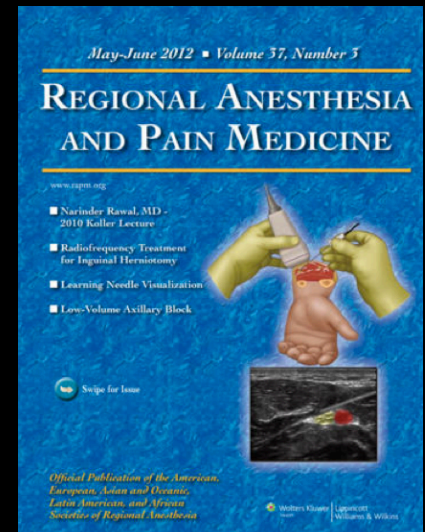


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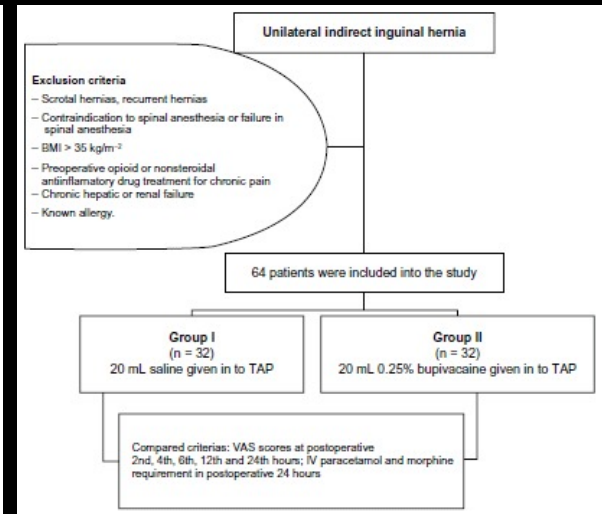


- Epargne morphinique peropératoire et postopératoire immédiat
- Efficacité
 - « au triangle de Petit »
 - volume des anesthésiques locaux (alx)
 - préopératoire
- Précocité = effet systémique?



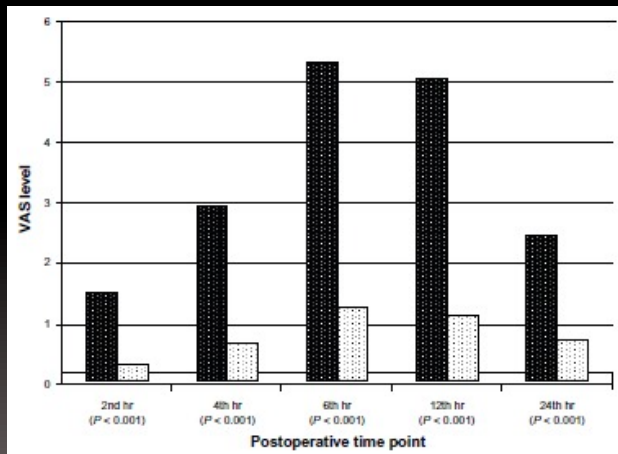
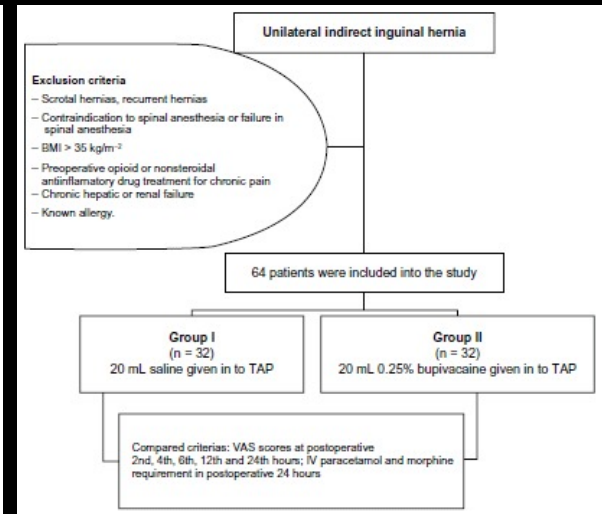
The efficacy of the semi-blind approach of transversus abdominis plane block on postoperative analgesia in patients undergoing inguinal hernia repair: a prospective randomized double-blind study

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17 January 2013



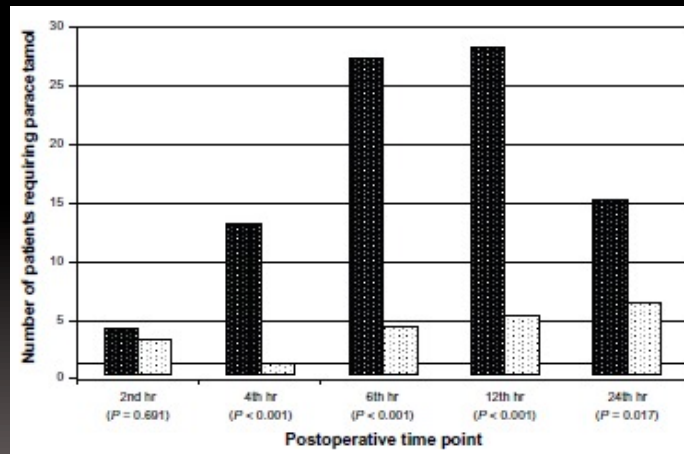
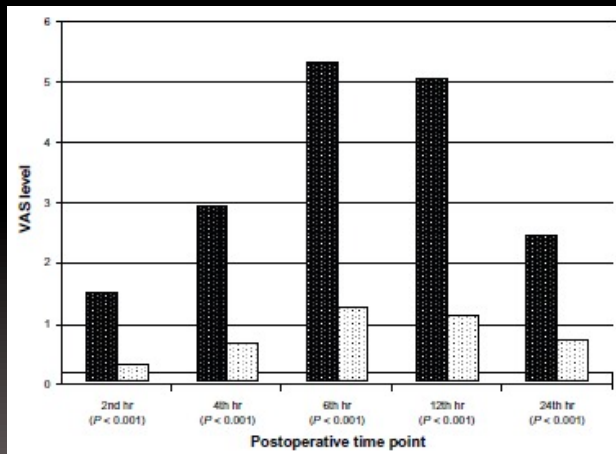
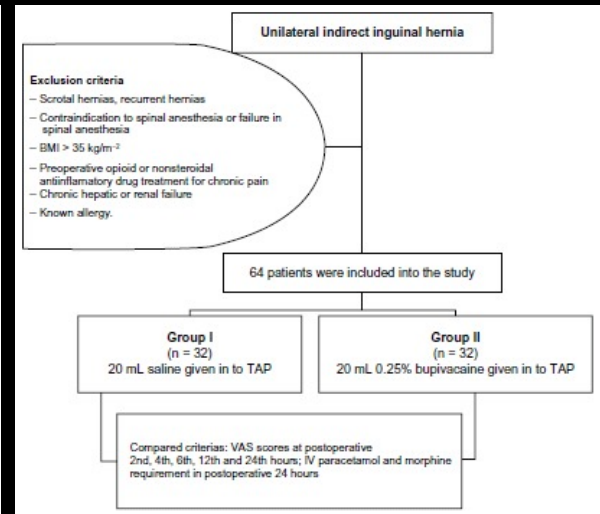
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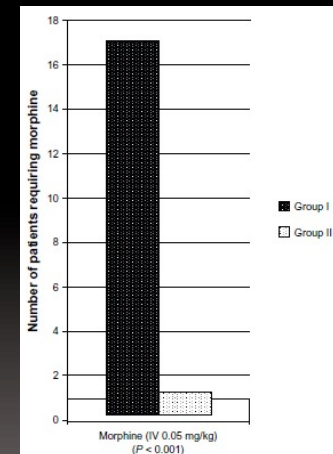
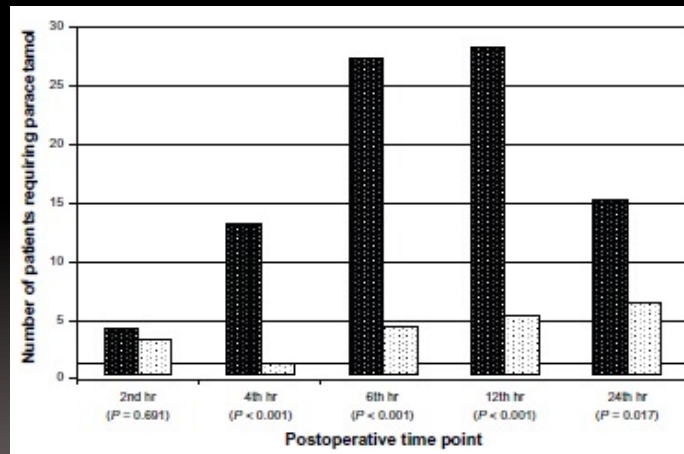
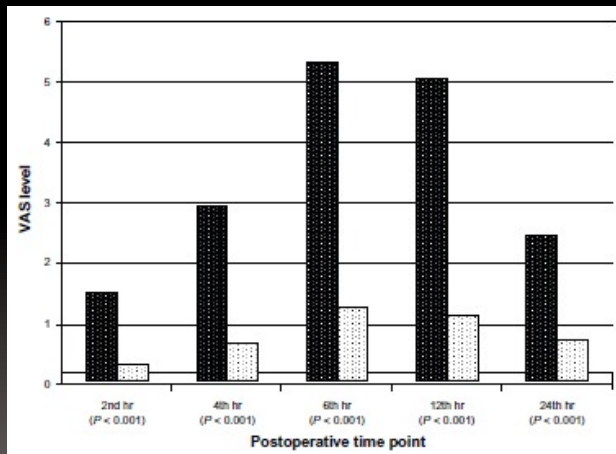
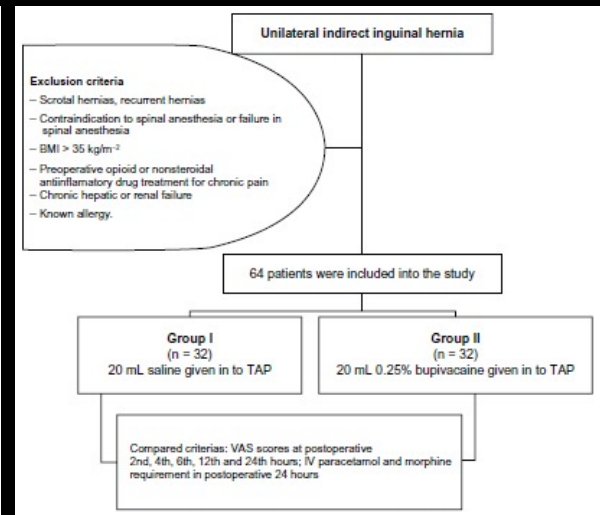
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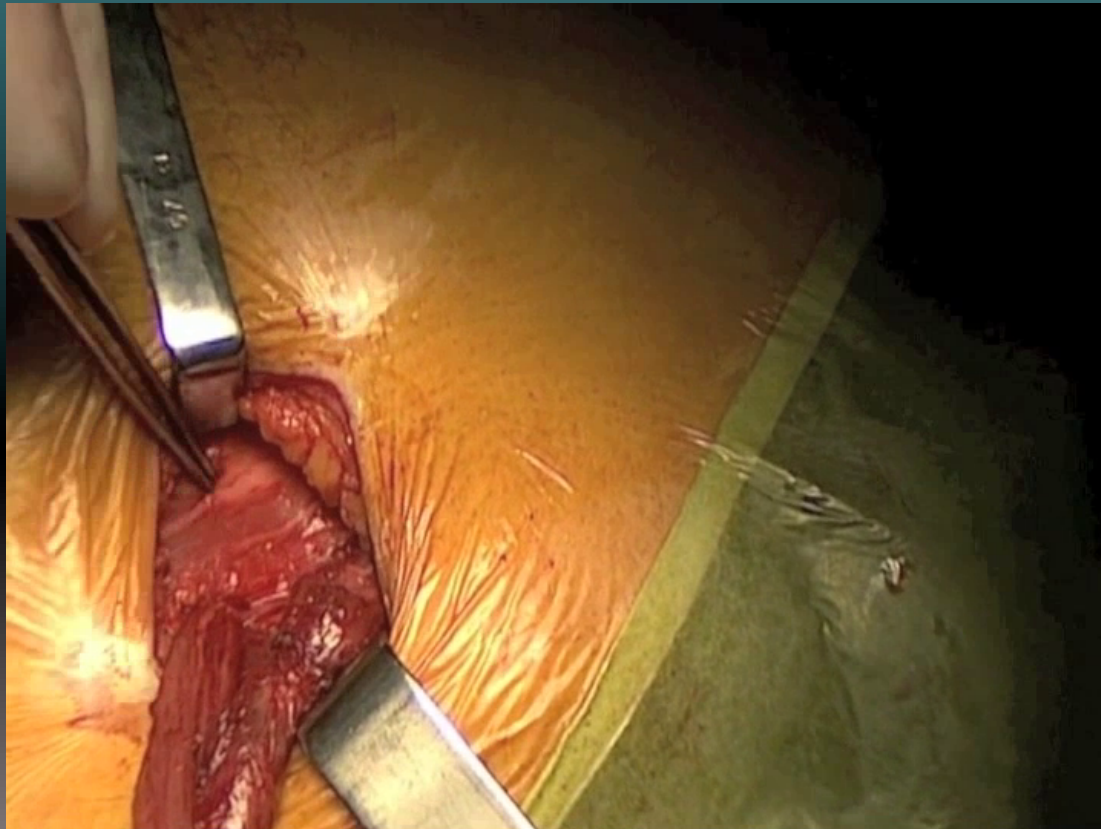
RAPPEL DES DETAILS TECHNIQUES DE LA TIPP

- Petite incision horizontale
- Pas de dissection pré-fasciale
- Dissection douce au tampon , au contact du sac



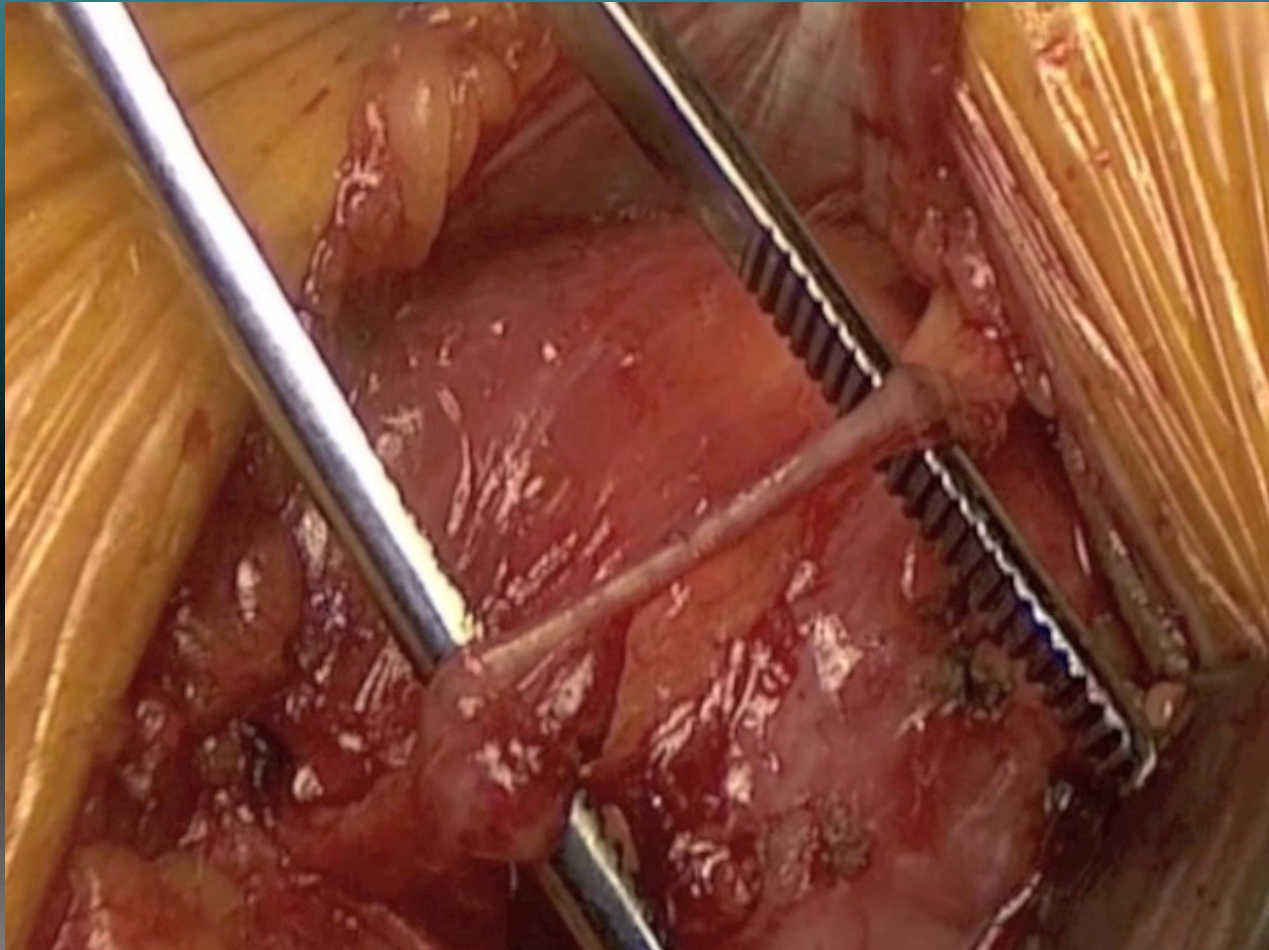
NERF ILIO-HYPOGASTRIQUE

Trop haut. Pas exposé



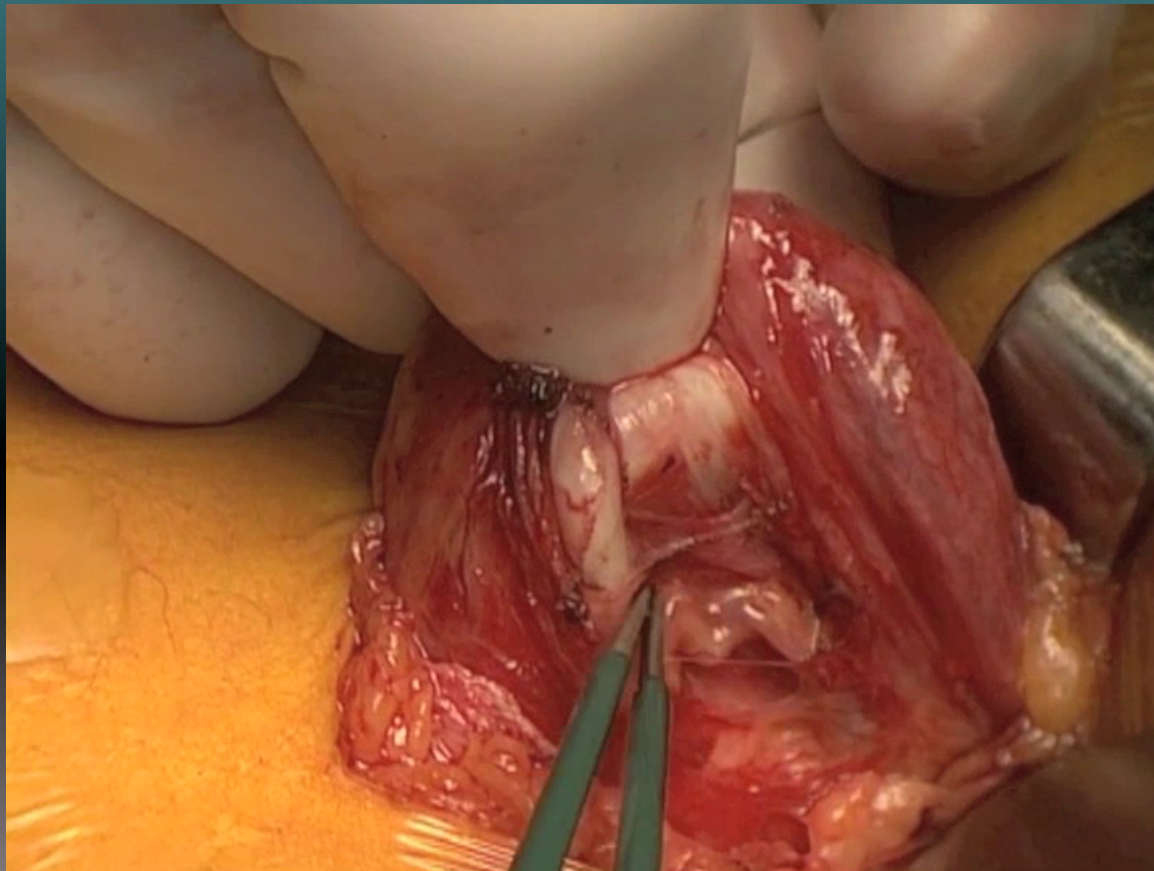
NERF ILIO-INGUINAL

Repérage premier du nerf ilio-inguinal



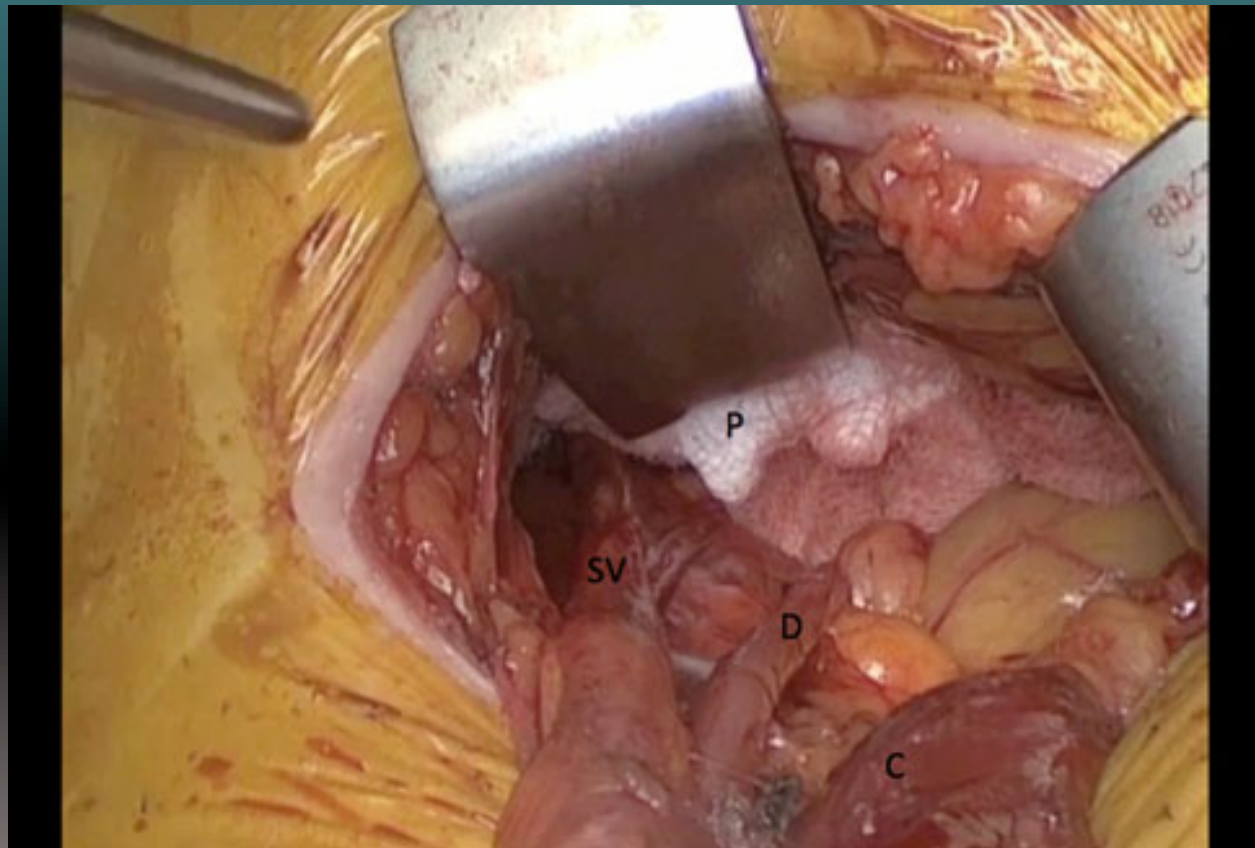
BRANCHE GENITALE DU GENITO-FEMORAL

- Respect du crémaster (incision longitudinale)
- Respect du pédicule funiculaire (BGGF)

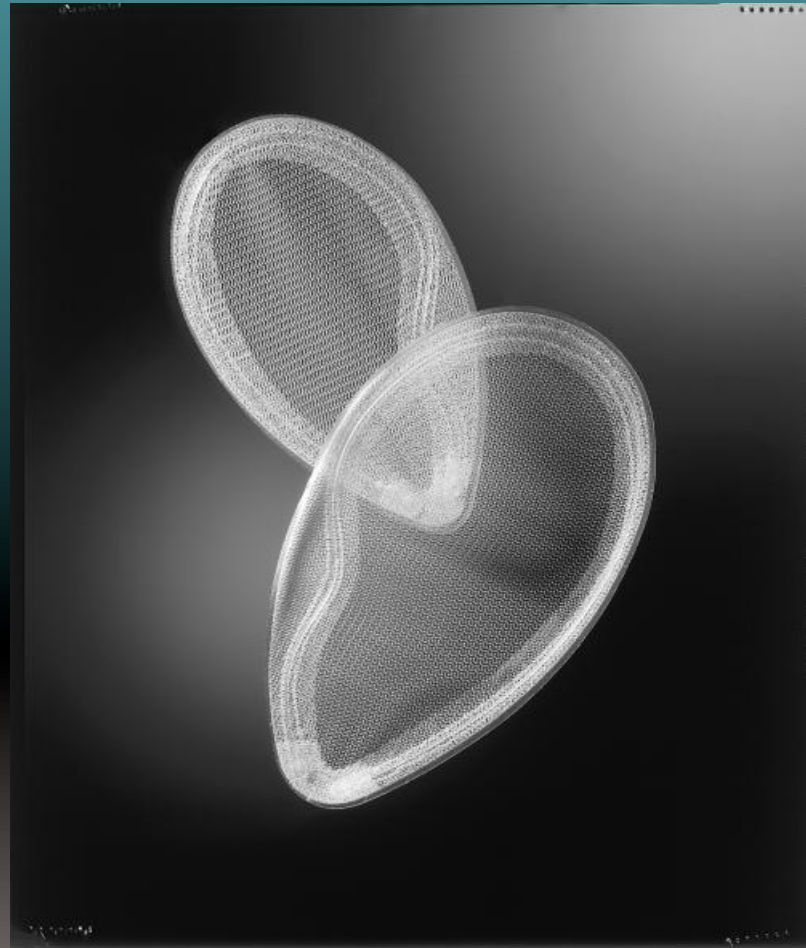


PARIETALISATION DU CORDON

- Respect du trépied spermatique
- Respect du fascia uro-génital
- Respect du nerf génito-fémoral et des branches crurales



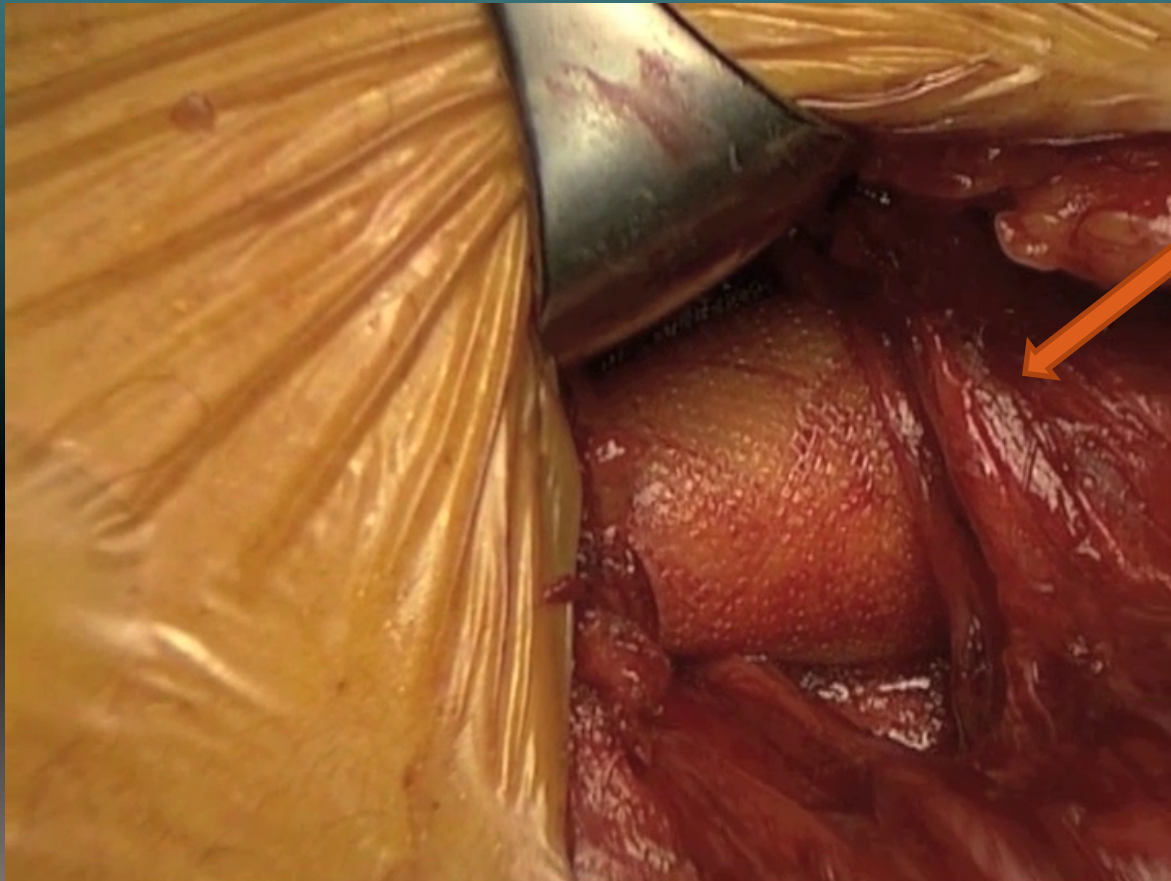
PROTHESE POLYSOFT



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PROTHESE NON FIXEE

- Pas de section des vaisseaux épigastriques
- Prothèse rétro-fasciale
- Prothèse non fixée



PAS DE DOULEURS INVALIDANTES

Centre N TIPP	Pélissier 171 p	Berrevoët 200 p	HPA 622 h	Total	
Durée suivi	22 mois 12-29	18 mois 19-31	12 mois 1- 34		ns
Suivi $\geq$ 3 mois N %	167 98%	192 96%	447 72%*	806	ns
Récidives	2	3	0	0,6%	ns
Douleurs occasionnelles (Dont sévères)	12 (0)	5 (0)	13 (0)	3,7% 0	ns
Gène > Hernie	NP	NP	4 0,9%		-
Atrophie testiculaire	0	0	0		ns
Asymptomatiques	142	187	432	95%	



TRES BONS RESULTATS DE LA TIPP

- Taux global de PEC ambulatoire > à 90%
- Taux de succès de la PEC Ambu > à 98%
- Taux de satisfaction = 98% (jugent leur résultat BON ou EXCELLENT)



CONCLUSIONS

L'association TAP + technique TIPP est bien un Duo gagnant :

- **Moins de douleurs**
- **Très bon taux de satisfaction**

