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Transversus abdominis block (TAP) versus thoracic epidural analgesia: Do we have a winner?

To the Editor,

We read with great interest the article of Shaker and colleagues in a recent issue of the journal.[1] The authors evaluated 67 patients undergoing abdominal oncologic surgeries and concluded that transverse abdominis plane (TAP) block use was associated with lower parenteral morphine equivalent usage and decreased incidence of hypotension in the early post-operative period compared to thoracic epidural analgesia. The authors should be congratulated for performing a well-designed study in an important topic (e.g. acute pain) in patients undergoing oncologic surgeries.[2,3] In addition, the current use of TAP blocks to improve postoperative analgesia across many surgical procedures makes the topic timely in perioperative medicine.[4,5]

Although the study of Shaker et al. was well conducted, there are some questions regarding the study that need to be clarified in order to determine the validity of the results. First, it is unclear if the authors standardized the intraoperative analgesic strategy for these patients as this can affect some of the studied outcomes.[6] Secondly, is also unclear if the use of postoperative multimodal analgesic was standardized between the study groups as this can alter the postoperative opioid consumption. Lastly, the authors used different drugs (e.g., liposomal bupivacaine and standard bupivacaine) so their results can be attributed to the different drugs used rather than the technique alone.

We would welcome some comments to address the aforementioned issues as they were not discussed by the authors. This would help to further support the findings of this important clinical study.[1]

Conflicts of interest

The authors declare that they have no conflicts of interest and nothing to disclose.

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Appendix A. Supplementary data

Supplementary data related to this article can be found at https://doi.org/10.1016/j.amjsurg.2018.01.017.

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