



CANDIDATE'S SURNAME: [Please print] Lockhat		FIRST NAME/S: Razeena	STUDENT NUMBER: 0501358X
CURRENT QUALIFICATIONS: MBBCH (WITS), DA(SA)			
TEL:	CELL: 0834497861	E-MAIL: dr.razzy306@gmail.com	FAX:
DEGREE FOR WHICH PROTOCOL IS BEING SUBMITTED: MMed			
PART-TIME OR FULL-TIME: Full-time			
FIRST REGISTERED FOR THIS DEGREE:	TERM : August	YEAR: 2015	
DEPARTMENT: Anaesthesiology			
TITLE OF PROPOSED RESEARCH: The consumption of morphine in post-operative total abdominal hysterectomy patients using two analgesic treatment modalities			
CANDIDATE'S SIGNATURE:			DATE:
SUPERVISOR 1 (NAME & SURNAME): Helen Perrie			% Supervision : 33%
SUPERVISOR'S QUALIFICATIONS: MSc			
SUPERVISOR'S DEPARTMENT: Anaesthesiology			
SUPERVISOR'S ADDRESS / TEL / E-MAIL: Helen.Perrie@wits.ac.za			
SUPERVISOR 2 (NAME & SURNAME): Juan Scribante			% Supervision: 33%
SUPERVISOR'S QUALIFICATIONS: M CUR			
SUPERVISOR'S ADDRESS / TEL / E-MAIL: juan.scribante@wits.ac.za			
SUPERVISOR 3 (NAME & SURNAME): Dr Thomas Kleyenstuber			% Supervision: 33%
SUPERVISOR'S QUALIFICATIONS: FCA(SA)			
SUPERVISOR'S ADDRESS / TEL / E-MAIL: kleyenstuber@hotmail.com			
<u>SYNOPSIS OF RESEARCH:</u> [Use reverse side of this page if more space is required]			
ETHICS PENDING:		Y	IF Y SUPPLY ETHICS CLEARANCE No:
ETHICS APPROVED: (circle appropriate symbol)		Y	
As supervisor, I confirm that I have read the protocol which has been submitted for assessment.			
SIGNATURE OF SUPERVISOR/S:			

SIGNATURE PG OFFICE STAFF	REGISTERED YES..... NO.....	STAMP
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SYNOPSIS OF RESEARCH CONTINUED:

Introduction: Post-operative pain is a significant comorbidity if inadequately treated. Anaesthetists are encouraged to practice a multimodal approach to pain management. Among the different modalities that can be used, peripheral nerve blocks are fast becoming an encouraged practice. The transversus abdominis plane block has been shown to improve post-operative pain among patients undergoing total abdominal hysterectomy. At the Rahima Moosa Mother and Child Hospital in Johannesburg, the acute pain service aims to optimally manage post-operative pain in total abdominal hysterectomy patients, by administering transversus abdominis plane blocks in the intra-operative period.

Aim: The aim of this retrospective, comparative descriptive, contextual study is compare the post-operative morphine consumption in TAH patients with TAP blocks versus those without.

Objectives: The primary objective of this study is to compare the post-operative morphine consumption between the two groups at Time 1, Time 2 and Time 3. The secondary objectives are to compare the numerical rating scales scores and the side effects of morphine PCA pumps between the two groups

Methodology: One hundred and twenty six patient records were included in this retrospective study using a consecutive convenience sampling method. They were divided into the TAP block group and the non-TAP block group. Patient records assigned to the TAP block group had received TAP blocks by the anaesthetist after the induction of general anaesthesia, whilst the patient records assigned to the non-TAP block group only received a general anaesthetic. Both groups received intravenous analgesia as predetermined by the anaesthetist. Patients then received a patient controlled analgesia pump in the recovery room. The acute pain trainee documented the morphine consumption at Time 1, Time 2 and Time 3, the Numeric Rating Scale pain scores and any side effects experienced by the patient.

Results: There was no significant difference between the morphine consumption in the TAP block versus the non-TAP block groups at Time 1, Time 2 or Time 3. There was no significant difference of pain scores between the two groups.

Conclusions: TAP blocks did not decrease the amount of post-operative morphine consumed in patients who received a total abdominal hysterectomy, nor did it result in any differences in Numeric Rating Scale pain scores between the two groups.