Comment on Published Article

Comments on the published article: Efficacy of analgesia using ilioinguinal-iliohypogastric nerve block, transversus abdominis plane block and diclofenac after caesarean delivery under spinal anaesthesia: A non-randomised clinical trial

Dear Editor,

We read with interest the article published in the Indian Journal of Anaesthesia.^[1] The authors compared the efficacy of analgesia of ilioinguinal-iliohypogastric nerve block, transversus abdominis plane (TAP) block and diclofenac after caesarean delivery under spinal anaesthesia. We wish to highlight a few points. The duration of action of diclofenac is 7–8 h.^[2] Clonidine significantly prolongs the duration of fascial plane blocks. Adding clonidine to bupivacaine in a TAP block significantly extends the duration of analgesia [mean (standard deviation) 17.8 (3.7) vs 7.3 9 (1.15) h, P < 0.001 in patients undergoing caesarean section.^[3] Hence, the comparison of diclofenac with fascial plane blocks using a combination of bupivacaine and clonidine does not appear relevant, given the different durations of analgesia. The block was given by the authors when the sensory level had receded to the T10 level. It is pertinent to mention that if a block is given at this time, administration of the block will take 10 min, and a further 20 min is needed for its effect. This 30 min gap needs to be avoided. Instead, the block should have been given at the end of the surgery. Pain assessment time intervals should have been mentioned in the study's methodology under reference. In addition, the lockout interval for diclofenac and the provision of a second rescue analgesic need consideration.

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Conflicts of interest

There are no conflicts of interest.

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