

Indications

All the indications described are based on case descriptions and personal communications. Midline incision requires bilateral blocks for adequate coverage.

1. Exploratory laparotomy, large bowel resection, ileostomy, open/laparoscopic appendectomy, and cholecystectomy
2. Cesarean section, total abdominal hysterectomy
3. Open prostatectomy, renal transplant surgery, and nephrectomy
4. Abdominoplasty and iliac crest bone graft
5. Femoral head fracture (Trans muscular approach)

Acknowledgements

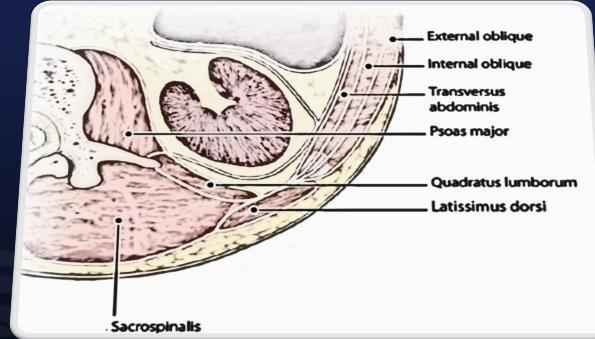
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Elshrkawy H, Ultrasound-Guided Quadratus Lumborum Block. Regional Anesthesia and Pain Medicine. ASRA website

Borglum J: QLB. USRA website

Blanco, Rafael: QLB vs TAP block. Regional Anesthesia and Pain Medicine. Nov/Dec 2016 Volume 41-Issue 6- p757-762

Madan Narayanan: Ultrasound guided QLB. You tube. Dec 13th, 2015



QUADRATUS LUMBORUM BLOCK

A new evolving Regional technique

Minnesota society of Anesthesiologist

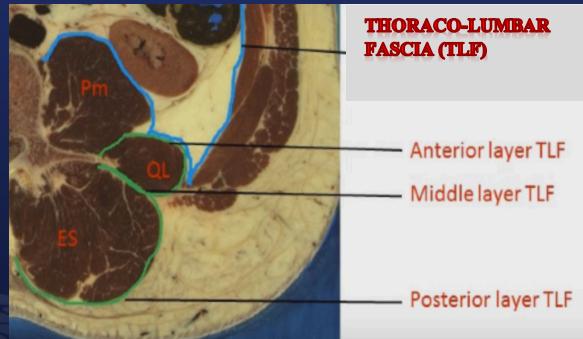
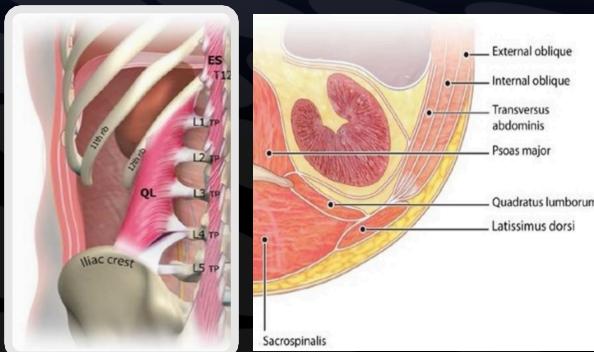
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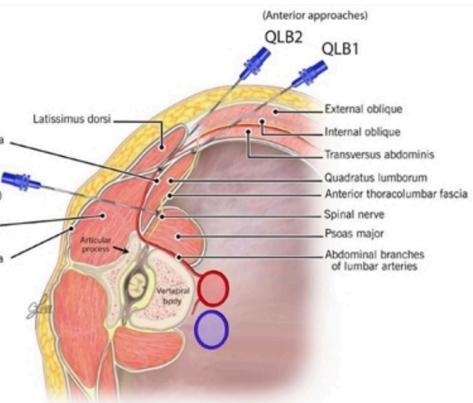
Quadratus Lumborum Block (QLB)

The QLB is a posterior abdominal wall block that allows local anesthetic to spread, depending on the approach, somewhere around the quadratus lumborum muscle (QLM)

Anatomy



QLB 1, QLB 2, and QL3 (Transmuscular)



Approaches

There has been different approaches described:

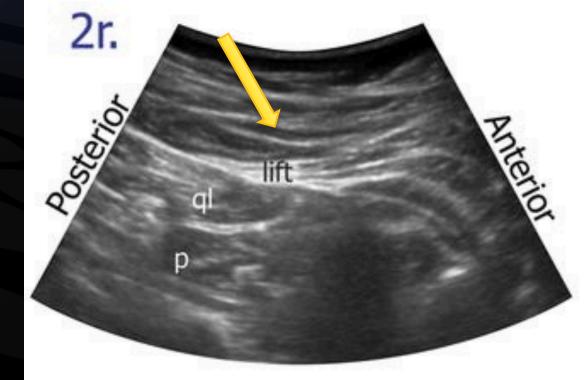
QLB 1: Injection at the anterolateral border of the QL muscle

QLB 2 : Injection is Posterior to the muscle (Middle TLF layer)

QLB 3 : Transmuscular : Posterior approach, through QL muscle, medial part of Middle TLF layer

QLB INTERFASCIAL: Infiltration at the Lumbar interfascial triangle (posterior border of QLM where transversalis thoraco lumbar fascia meet

QLB INTERFASCIAL



In this newer “Interfascial” approach, Dr. Blanco has observed adequate diffusion of local anesthetic (Similar to trans muscular QLB, with a higher margin of safety (The target is a fascial triangle)

