



Rectus Sheath Block

Quick Guide

Any patient. Anywhere. Anytime.



Information contained in this document is meant for quick reference and a supplement to formal ultrasound experience, education or training.

Rectus Sheath Block

Objective

Injection of local anesthetic deep to the Rectus Muscle and superficial to the Transversalis Fascia. The Rectus Block targets the 9th, 10th and 11th intercostal nerves traversing the anterior abdominal wall.

Technique:

- Begin by placing the transducer immediately subcostal, transverse and midline on the abdominal wall to identify the Linea Alba and the Rectus Muscles bilaterally.
- Move the transducer lateral to the center of a Rectus Muscle.
- The Anterior Rectus Sheath, Rectus Muscle, Transversalis Fascia and Peritoneum are easily identified by ultrasound.
- Use an in-plane medial to lateral approach. The block needle is inserted until it rests just superficial to the Transversalis Fascia and deep to the Rectus Muscle.
- The injection should spread medial and lateral, deep to the Rectus Muscle and superficial to the Transversalis Fascia.

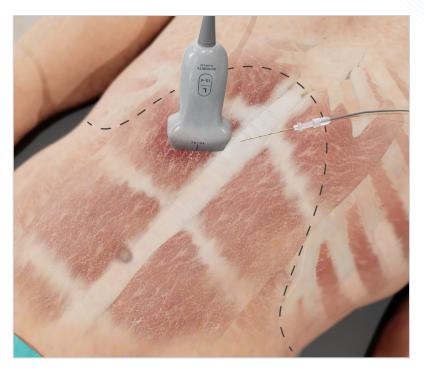


FIG. 1: Linea Alba and the Rectus Muscles and Transducer Location

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Clinical Pearls

Patient Positioning:

Supine

Transducer:

L12-3, L15-4

Teaching Points:

- The Rectus Block provides analgesia to the anterior abdominal wall.
- The Rectus Block provides only somatic analgesia. It does not provide visceral analgesia.
- The Rectus Block will provide analgesia for umbilical hernia repair and or open midline abdominal wall incisions.
- The Rectus Block may be performed with the TAP Block to maximize coverage of the abdominal wall.

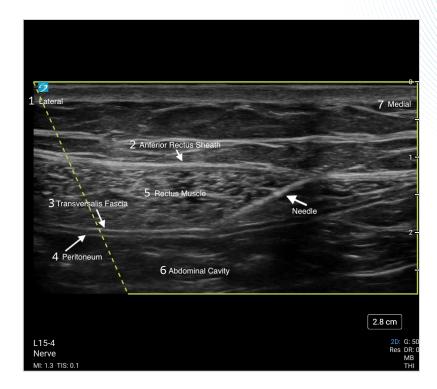


FIG. 2

- 1. Lateral
- 2. Anterior Rectus Sheath
- 3. Transversalis Fascia
- 4. Peritoneum

- 5. Rectus Muscle
- 6. Abdominal Cavity
- 7. Medial

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