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***Background:***post-cesarean section analgesia regime should be efﬁcacious without inﬂuencing the ability of a mother to take care of the neonate and with minimal drug transfer through breast milk. Transverse abdominis plane block and local anesthetic wound inﬁltration can provide effective pain relief at the wound site after surgery. However, the relative efﬁcacy of two techniques for postoperative analgesia remains controversial.

***Objective****:* This study aimed to compare the analgesic efﬁcacy of Transverse abdominis plane block versus subcutaneous wound inﬁltration as part of for elective cesarean section surgeries under spinal anesthesia.

***Materials and methods****:* An institutional-based Prospective cohort study was employed two equal groups of 68 adult females aged 18e65 years scheduled for elective cesarean under spinal anesthesia and wound inﬁltration a non-exposed group. Pain severity, ﬁrst analgesia request time as well as analgesic con- sumption were assessed using the Mann eWhitney *U* test for 24 h. Chi-square test was used to analyze the homogenous categorical independent variables between these two groups and a p-value less than 0.05 was considered as statistically signiﬁcant.

***Result:***The overall Tramadol consumption within 24 h with The Median and IQR was 100 mg (100e150) in the TAP group compared to 150 mg (150e200) in the subcutaneous wound inﬁltration group (p < 0.001). We conclude that TAP block could be considered Superior to subcutaneous wound inﬁl- tration anesthesia for postoperative pain management and we recommend that use of TAP block for effective Postoperative analgesia as part of multimodal analgesia after cesarean section with spinal anesthesia. We recommend the clinicians to use Tap for postoperative pain management.

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