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ABSTRACTS OF FREE SCIENTIFIC PAPERS

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29G5 COMPARATIVE EVALUATION OF PREGABALIN, GABAPENTIN AND TOPIRAMATE IN CHRONIC PAIN MANAGEMENT

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Background and goals of study: to evaluate the efficacy,safety,tolerability & side effect between of pregabalin, gabapentin and topiramate in chronic pain management

Methods: Prospective, double blind,randomized controlled trial of 12 weeks duration comparing pregabalin, gabapentin & topiramate. Study was conducted on patient with chronic pain clinic at LLRH, Kanpur. Participents were 120 patients with chronic pain. The primary outcome was difference between pregabalin, gabapentine & topiramate in chronic pain, as measured by the mean VAS score computed over weekly of each treatment period.Secondary outcomes were changes in mood, quality of life & psychomotor functions.Side effects were measured by questionnaire. Patient received a maximum daily dose of 600 mg gabapentine or 400 mg pregabalin or 100 mg topiramate along with 300 mg aceclofenac

Results: Mean baselineVAS was 69.6 mm (29.4-95.2) on a scale of 0-100mm.120 patients were included in the available case analysis & 30 patients in the per protocol analysis. The mean score was 6mm longer for gabapentine than for pregabalin & topiramate in the available case analysis & 5.6 mm in the per protocol analysis.

Conclusion: Gabapentine provided better pain relief than the pregabalin & topiramate & had slightly fewer side effects, well tolerable, although no major adverse events occur for either drug.

29G6 EFFECTIVENESS OF DEXAMETHASONE WITH DESFLURANE COMPARED TO TCI PROPOFOL ON POSTOPERATIVE NAUSEA AND VOMITING IN PATIENTS UNDERGOING OTOLARYNGOLOGY SURGERY

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Background and goals of study: Post operative nausea and vomiting (POVN) a known complication of general anaesthesia can be reduced by choosing appropriate technique. Desflurane has rapid emergence from anaesthesia and allows shorter operating room turnover time and recovery room stay, with no antiemetic properties. Propofol, used for maintenance of anaesthesia has also faster recovery with antiemetic properties. Prospective randomized study was done to see if the use of a combination of dexamethasone with desflurane is better than infusion propofol during maintenance in reducing PONV adult otorhinolaryngology surgery. The objective was to compare the prevalence of PONV between two anaesthetic techniques, desflurane and dexamethasone with target controlled infusion (TCI) propofol

Methods: 80 ASA I and II patients between 18 to 52 years undergoing elective otorhinolaryngology surgery were randomized into group I and II. Haemodynamic parameters (SBP, DBP, MAP and HR) were recorded at baseline. After induction with fentanyl propofol they are intubated using atracurium. Maintenance of anaesthesia was continued with desflurane and dexamethasone in group I and total intravenous anaesthesia using TCI propofol in group II. Dosage of desflurane and propofol were adjusted to maintain clinically adequate depth of anaesthesia with EEG bispectral index values 40-60. After extubation, they were monitored; episodes of PONV were recorded in recovery room and until 24 hours postoperatively. Rescue antiemetic given when indicated.

Results: 14 patients (17.5%) in Group I and 31(38.8%) patients in Group II had PONV. The usage of antiemetic rescue drug was less in Group I compared to Group II

Conclusion: Study shows higher prevalence of PONV in patients given TCI propofol. Combination of dexamethasone with desflurane offers a good alternative TCI propofol in reducing the prevalence of PONV

28 B3 SEDATIVE EFFECTS OF EPIDURAL BUPIVACAINE COMPARED WITH ROPIVACAINE ON BISPECTRAL INDEX DURING AWAKE PHASE AND GENERAL ANAESTHESIA

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Background and goals of study: Combined epidural/general anaesthesia technique has been widely used in major abdominal, lower limbs and thoracic surgery. Epidural anaesthesia has been shown to produce sedative effect and to reduce the requirement of volatile and I.V anaesthetic agents. Bispectral index (BIS) monitoring, was used to measuring sedation. The aim of this study was to evaluate the sedative effect of epidural anaesthesia using bupivacaine or ropivacaine on BIS during awake phase and general anaesthesia.

Methods: A prospective, randomized double blinded clinical trial was conducted on 54 patients planned for elective abdominal or lower limb surgery under epidural and general anaesthesia . On approval from the Research and Ethics Committee, Patients were randomly allocated to 2 groups receiving either epidural 10mls each of 0.5% ropivacaine or 0.5% bupivacaine BIS measurement during awake phase was done at 5, 10, 12, 14, 16, 20, and 25 minutes after the epidural injection. General anaesthesia was then induced with fentanyl, propofol and rocuronium and maintained with 2.0% sevoflurane. 10 minutes after intubation, the BIS measurement was done at 1 minute intervals for 10 minutes. Sevoflurane administered was adjusted to maintain the BIS 40-60.

Results: No significant differences in demographic data among the groups was found. Statistically significant low mean BIS values were noted in epidural ropivacaine during the awake phase.

Conclusion: The mean BIS value during awake phase was significantly lower in epidural ropivacaine compared to epidural bupivacaine ,but no significant difference between two groups during general anaesthesia. There was no difference in sevoflurane concentration requirement between the two groups during general anaesthesia.

28 B4 COMPARATIVE STUDY OF INTRATHECAL BUPIVACAINE WITH FENTANYL AND BUPIVACAINE ALONE FOR LOWER ABDOMINAL SURGERIES.

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Background and goals of study: To compare the onset of sensory and motor block its duration and incidence of side effects of intrathecally administered bupivacaine with fentanyl and bupivacaine alone for lower abdominal surgeries.

Methods: Ethical committee approval obtained. 60 Consenting patients 18-55 yrs of either gender, ASA I & II physical status for lower abdominal surgeries were included and randomly allocated into 2 groups of 30 each to receive spinal anaesthesia. Group A received 3cc (2.5cc of 0.5% bupivacaine heavy & 0.5cc of 25µg fentanyl and Group B received 3cc (2.5cc of 0.5% bupivacaine heavy & 0.5cc saline). The onset of sensory and motor block, time to highest sensory level, highest sensory level achieved, quality of sensory and motor block, duration of motor block, time of effective analgesia and incidence of adverse effects were noted.

Results: Group A had early onset of sensory and motor block than Group B (3.7±1.2mins, 5.0±1.4, 4.33± 1.29, 5.96±0.96) respectively. Time to highest sensory level was earlier than control group (8.93±2.82, 14.06±2.21). No difference in the quality of motor block of both groups. Subarachnoid block the most popular technique in our country unfortunately has the disadvantages of sympathetic and motor block, resulting in hypotension, bradycardia and immobility. It has been a dream to produce sensory block without its accompanied complications and a major step in this path is the use of intrathecal opioids, but they aren't adequate anaesthetics for surgery. So local anaesthetics combined with opioids are the appropriate choice.

Conclusion: Addition of fentanyl to bupivacaine for spinal anaesthesia produces faster onset of action and prolongs postoperative analgesia.