

RESULTS

One hundred and twenty patients were randomly allocated into three equal groups (each 40 patient); group I (propofol TIVA), group II (propofol-ketamine TIVA) and group III (isoflurane inhalational anaesthesia). Each group was divided into two equal subgroups (each 20 patient); subgroups A (IA & IIA & IIIA), where the hypnotic drug concentration (propofol or isoflurane) was adjusted to keep the BIS between 40 and 60 during surgery, and subgroups B (IB & IIB & IIIB), where the hypnotic drug concentration was adjusted according to the standard clinical practice.

Demographic data:

There were no significant statistical differences between subgroup IA and subgroup IB as regard age ,sex ,weight and the durations of anaesthesia.

Table(7-1): Demographic characteristics in propofol subgroups (IA&IB)

		N	Mean	Std. Deviation	t	P
Age (years)	Subgroup IA	20	42.80	10.606	1.3	>0.05
	Subgroup IB	20	37.90	12.794		
Wt (Kg)	Subgroup IA	20	76.75	7.656	1.2	>0.05
	Subgroup IB	20	73.20	10.788		
Duration of anaesthesia (Min)	Subgroup IA	20	60.00	18.445	0.1	>0.05
	Subgroup IB	20	59.50	17.695		
Sex (male : female)	Subgroup IA	11:9			X ²	P
	Subgroup IB	10:10			0.1	>0.05

There were no significant statistical differences between subgroup IIA and subgroup IIB as regard age ,sex ,weight and the durations of anaesthesia.

Table(7-2):Demographic characteristics in propofol-ketamine subgroups (IIA &IIB)

		N	Mean	Std. Deviation	t	P
Age(years)	Subgroup IIA	20	39.35	11.389	---	----
	Subgroup IIB	20	39.35	11.226		
Wt(Kg)	Subgroup IIA	20	74.50	9.720	0.2	>0.05
	Subgroup IIB	20	75.00	9.177		
Duration of anaesthesia(Min)	Subgroup IIA	20	56.75	16.667	0.1	>0.05
	Subgroup IIB	20	56.55	17.813		
Sex (male : female)	Subgroup IIA	12:8			X ²	P
	Subgroup IIB	11:9			0.1	>0.05

Also, there were no significant statistical differences between subgroup IIIA and subgroup IIIB as regard age, sex, weight and the durations of anaesthesia.

Table(7-3):Demographic characteristics in isoflurane subgroups (IIIA &IIIB)

		N	Mean	Std. Deviation	t	P
Age (years)	Subgroup IIIA	20	39.75	11.986	0.3	>0.05
	Subgroup IIIB	20	40.70	10.687		
Wt (Kg)	Subgroup IIIA	20	73.25	9.358	0.6	>0.05
	Subgroup IIIB	20	71.50	10.013		
Duration of anaesthesia(Min)	Subgroup IIIA	20	59.05	18.426	0.2	>0.05
	Subgroup IIIB	20	57.80	17.573		
Sex (male : female)	Subgroup IIIA	9:11			χ^2	P
	Subgroup IIIB	13:7			1.6	>0.05

Anaesthetic drug consumption:

A highly significant reduction (**36.1%**) in propofol infusion rate was found in BIS-guided propofol subgroup (IA) compared to propofol subgroup IB (without BIS) [(8.3 ± 0.81) vs (11.3 ± 0.89) mg/kg/h, $P < 0.001$]. Also there was a high significant reduction (**30.9%**) in propofol infusion rate in BIS-guided propofol-ketamine subgroup IIA compared to propofol-ketamine subgroup IIB (without BIS) [(7.15 ± 0.62) vs (9.26 ± 0.61) mg/kg/h, $P < 0.001$].

There was statistically high significant reduction (**36.8%**) in end tidal isoflurane concentration in BIS-guided subgroup (IIIA) compared to subgroup IIIB (without BIS) [(0.95 ± 0.14) vs (1.27 ± 0.25) %, $P < 0.001$].

Table(8-1): Different subgroups according to the consumption of anaesthetics:

Anaesthetic drugs	Subgroups	N	Mean	Std. Deviation	t	p	% change
Propofol (mg/kg/h)	Subgroup IA	20	8.2970	.80963	11.3	<0.001	36.1%
	Subgroup IB	20	11.3390	.88804			
	Subgroup IIA	20	7.1470	.62294	10.9	<0.001	30.9%
	Subgroup IIB	20	9.2620	.60974			
Isoflurane end-tidal concentration (%)	Subgroup IIIA	20	.9525	.13969	4.9	<0.001	36.8%
	Subgroup IIIB	20	1.2700	.25288			

The mean(SD) propofol infusion rate in BIS-guided propofol-ketamine subgroup IIA was lower (**16.9%**) than in BIS-guided propofol subgroup IA [(**7.15** ± **0.62**) vs (**8.3** ± **0.81**) mg/kg/h , $P < 0.001$] .Also , the mean(SD) propofol infusion rate in propofol-ketamine subgroup IIB(without BIS) was significantly lower (**21.5%**) than in propofol subgroup IB(without BIS) [(**9.26** ± **0.61**) vs (**11.3** ± **0.89**) mg/kg/h , $P < 0.001$]. So there was a reduction in propofol consumption in group II (propofol-ketamine) than in group I (propofol), which is statistically highly significant ($P < 0.001$).

Table (8-2): Propofol infusion rates in group I &II.

		N	Mean	Std. Deviation	t	p	% change
Propofol (mg/kg/h)	Subgroup IA	20	8.2970	.80963	5.4	<0.001	16.9%
	Subgroup IIA	20	7.1470	.62294			
	Subgroup IB	20	11.3390	.88804	8.3	<0.001	21.5%
	Subgroup IIB	20	9.2620	.60974			

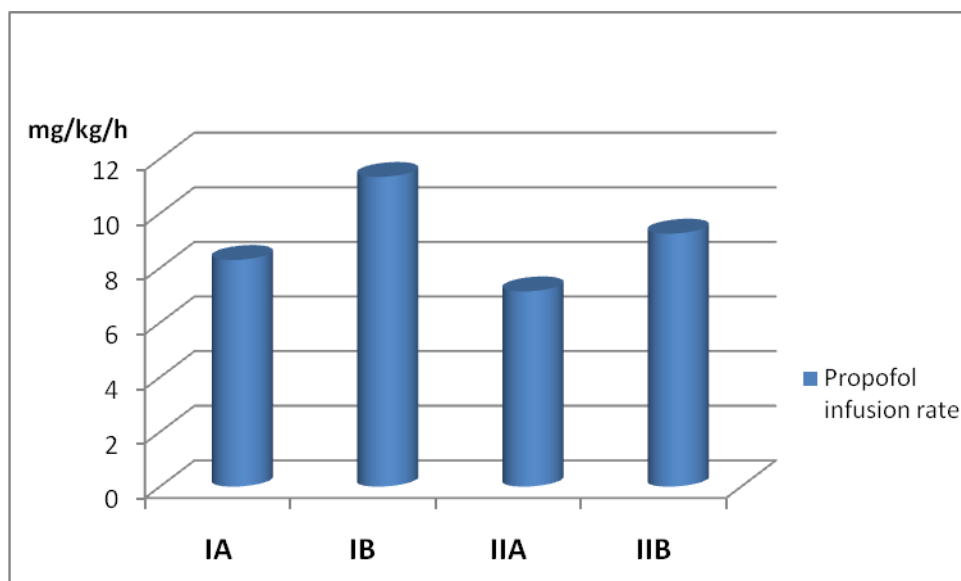


Fig. (28): Propofol infusion rates in group I&II.

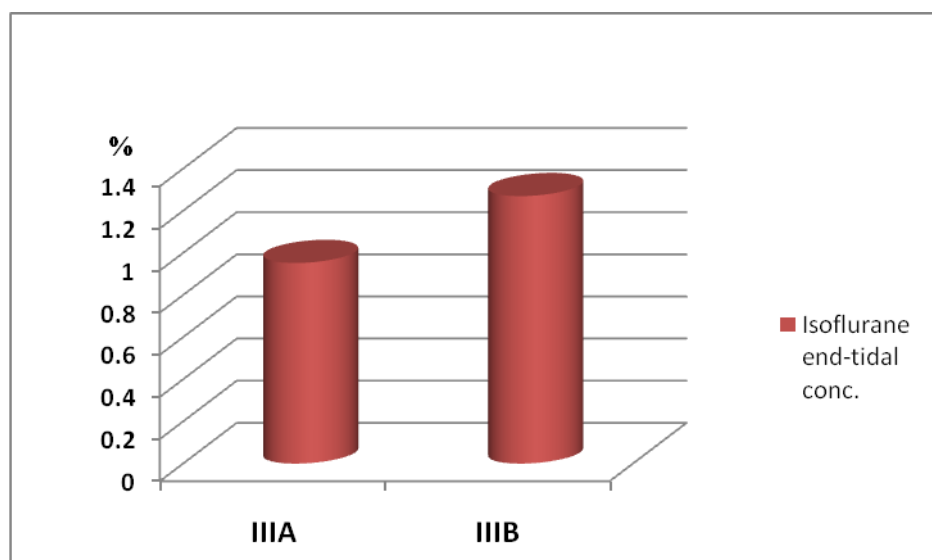


Fig. (29): Isoflurane end-tidal concentration in group III.

Hemodynamics:

In propofol group (I), mean arterial pressure (MAP) in subgroup A (with BIS) was higher than in subgroup B (without BIS) (**85.61** vs **78.09** mmHg , $P < 0.001$). Also the heart rate (HR) in subgroup A was higher than in subgroup B (**74.32** vs **68.85** bpm, $P < 0.001$), which is statistically highly significant ($P < 0.001$).

In propofol-ketamine group (II), MAP in subgroup A (with BIS) was highly significantly lower than in subgroup B (without BIS) (**92.61** vs **98.16** mmHg , $P < 0.001$). While HR was insignificantly lower in subgroup A than in subgroup B (**85.82** vs **87.44** bpm, $P > 0.05$).

In isoflurane group (III), MAP in subgroup A (with BIS) was significantly higher than in subgroup B (without BIS) (**90.86** vs **86.90** mmHg , $P < 0.001$). While HR was significantly lower in subgroup A than subgroup B (**76.38** vs **86.44** bpm , $P < 0.001$), which is statistically highly significant ($P < 0.001$).

Among the BIS subgroups (IA , IIA , IIIA) propofol subgroup (IA) had the lowest MAP and HR.

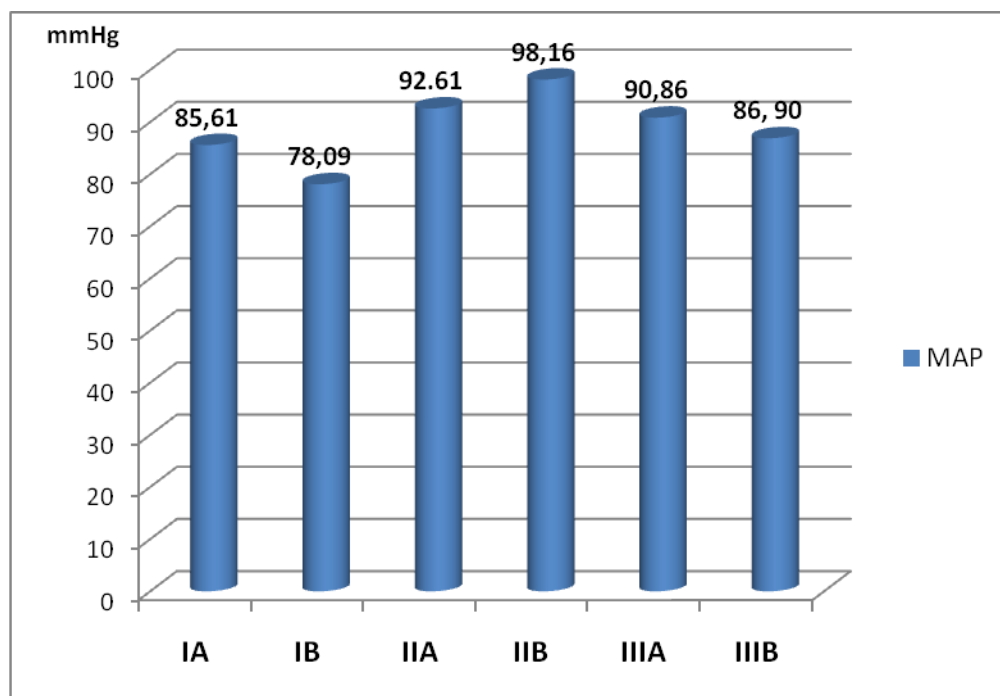


Fig.(30): Different subgroups according to the mean arterial blood pressure(MAP).

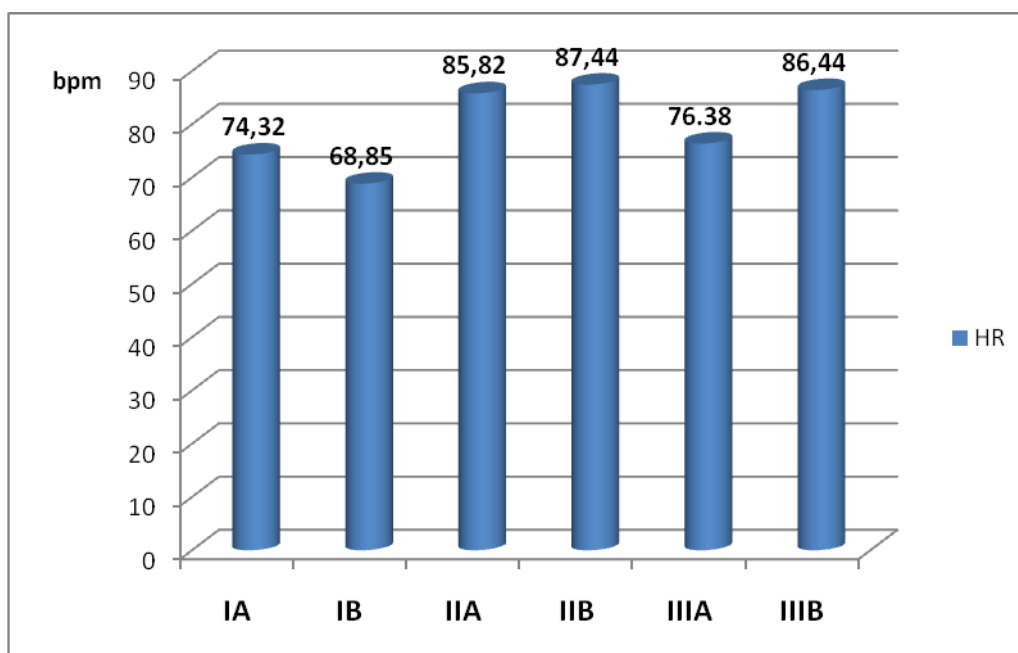


Fig.(31): Different subgroups according to the heart rate (HR).

Recovery profiles:

Spontaneous breathing times were significantly shorter in BIS subgroups (IA , IIA , IIIA) (**2.04 , 4.08 , 1.14** min.) than in subgroups without aid of BIS information (IB , IIB , IIIB) (**4.95 , 6.01, 6.41** min.) respectively, which is statistically highly significant (*P value* < 0.001) ,with the shortest time being in isoflurane subgroup IIIA(with BIS) .

Extubation times were significantly shorter in BIS subgroups (IA, IIA, IIIA) (**5.05, 6.995 , 2.63** min.) than in subgroups without aid of BIS (IB , IIB , IIIB) (**7.02 , 9.98 , 9.05** min.) respectively, which is statistically highly significant (*P value* < 0.001),with the shortest time being in isoflurane subgroup IIIA(with BIS).

Times to obey commands (eye opening to verbal command) were significantly shorter in BIS subgroups (IA , IIA , IIIA) (**8 , 12.55 , 6.24** min.) than in subgroups without aid of BIS (IB , IIB , IIIB) (**9.93 , 15.65, 16.13** min.) respectively, which is statistically highly significant (*P value* < 0.001) ,with the shortest time being in isoflurane subgroup IIIA(with BIS).

Times to achieve a modified Aldrete score ≥ 9 , were significantly shorter in BIS subgroups (IA , IIA , IIIA) (**11.29 , 17.2 , 10.35** min.) than in subgroups without aid of BIS (IB , IIB , IIIB) (**14.41 , 21.35 , 19.90** min.) respectively, which is statistically highly significant (*P value* < 0.001), with the shortest time being in isoflurane subgroup IIIA (with BIS) .

All recovery times were determined at one-minute intervals from discontinuation of anaesthetics.

Table(9):Recovery profiles in propofol group I (IA & IB)

Recovery times (min)	Subgroup IA	Subgroup IB	t	p
Spontaneous breathing	2.04±0.48	4.95±1.26	9.6	<0.001
Extubation	5.05±0.69	7.02±0.76	8.6	<0.001
Obey commands	8±0.84	9.93±1.26	5.7	<0.001
Modified Aldrete≥9	11.29±1.17	14.41±1.28	8.1	<0.001

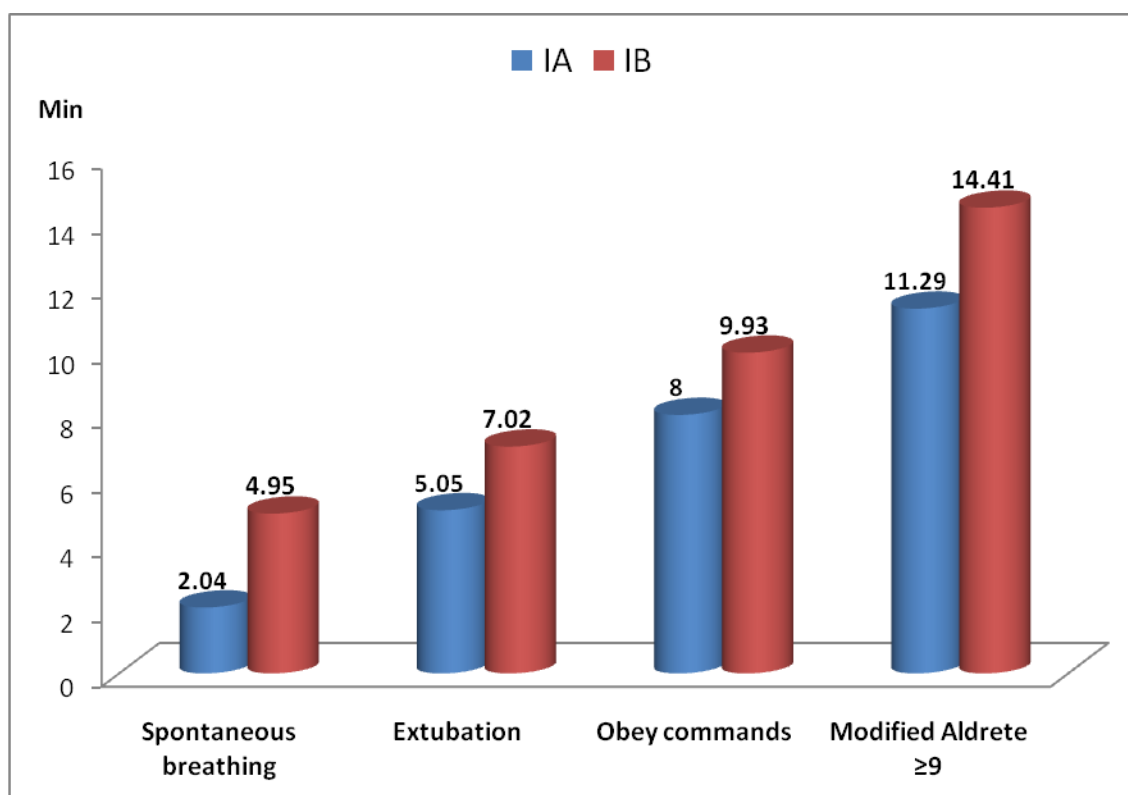


Fig. (32): Recovery profiles in propofol group I (IA & IB).

Table(10):Recovery profiles in propofol-ketamine group II(IIA &IIB)

Recovery times	Subgroup IIA	Subgroup IIB	t	p
Spontaneous breathing	4.075±1.12	6.005±0.69	6.6	<0.001
Extubation	6.995±0.77	9.975±0.9	11.2	<0.001
Obey commands	12.55±1.77	15.65±1.78	5.5	<0.001
Modified Aldrete≥9	17.2±1.37	21.35±1.98	7.7	<0.001

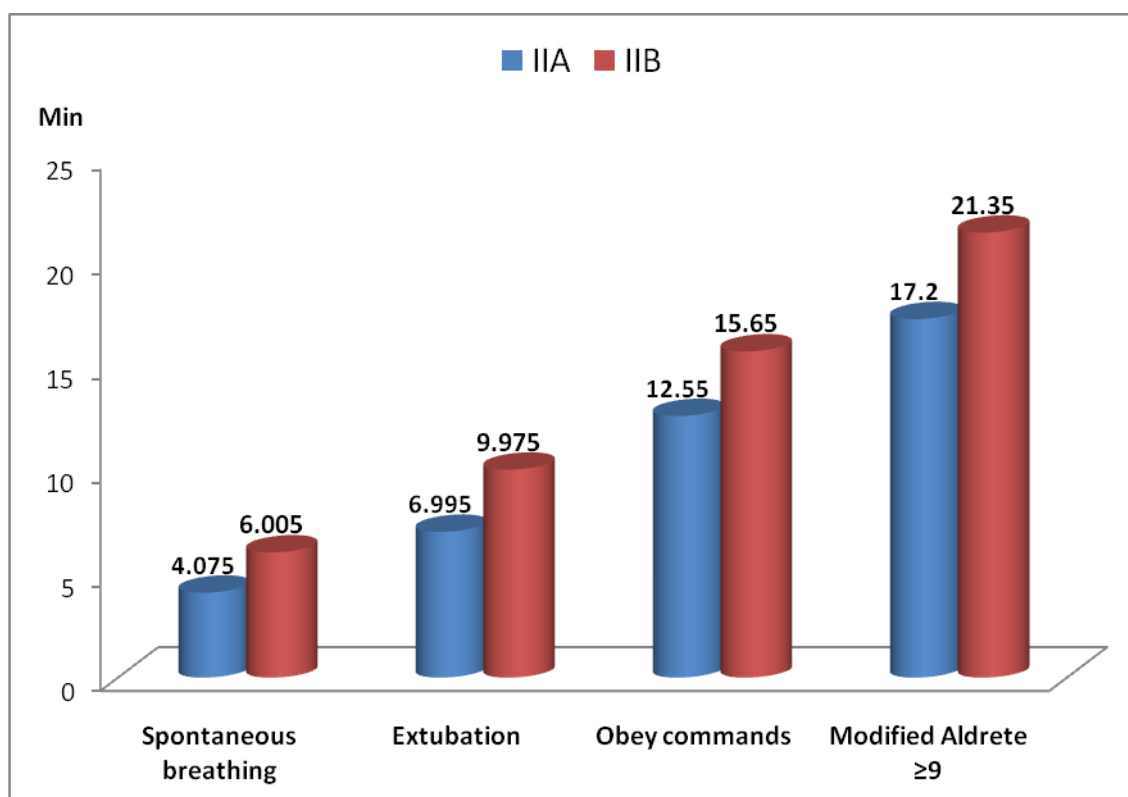


Fig. (33): Recovery profiles in propofol-ketamine group II(IIA &IIB).

Table(11):Recovery profiles in isoflurane group III (IIIA & IIIB).

Recovery times	Subgroup IIIA	Subgroup IIIB	t	p
Spontaneous breathing	1.14±0.44	6.41±0.74	27.4	<0.001
Extubation	2.63±0.69	9.05±1.11	22.01	<0.001
Obey commands	6.24±0.85	16.13±1.7	22.9	<0.001
Modified Aldrete≥9	10.35±1.06	19.9±2.62	15.1	<0.001

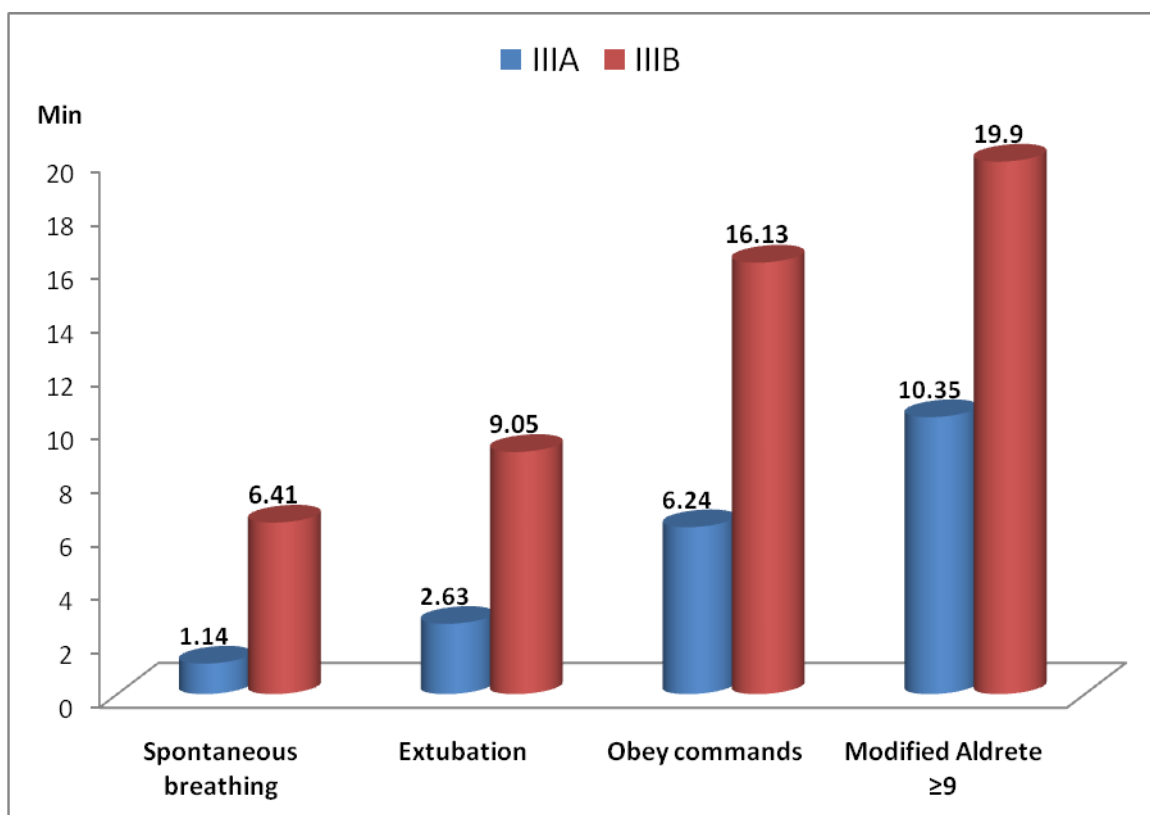


Fig. (34): Recovery profiles in isoflurane group III (IIIA & IIIB).

Table(12):Recovery profiles in BIS-guided subgroups(IA & IIA &IIIA)

Recovery times	Subgroup IA	Subgroup IIA	Subgroup IIIA	f	P
Spontaneous breathing	2.04±0.48	4.08±1.12	1.14±0.44	81.3	<0.001
Extubation	5.05±0.69	6.995±0.77	2.63±0.69	188.5	<0.001
Obey commands	8±0.84	12.6±1.77	6.24±0.85	139.6	<0.001
Modified Aldrete≥9	11.29±1.17	17.2±1.37	10.35±1.06	190.2	<0.001

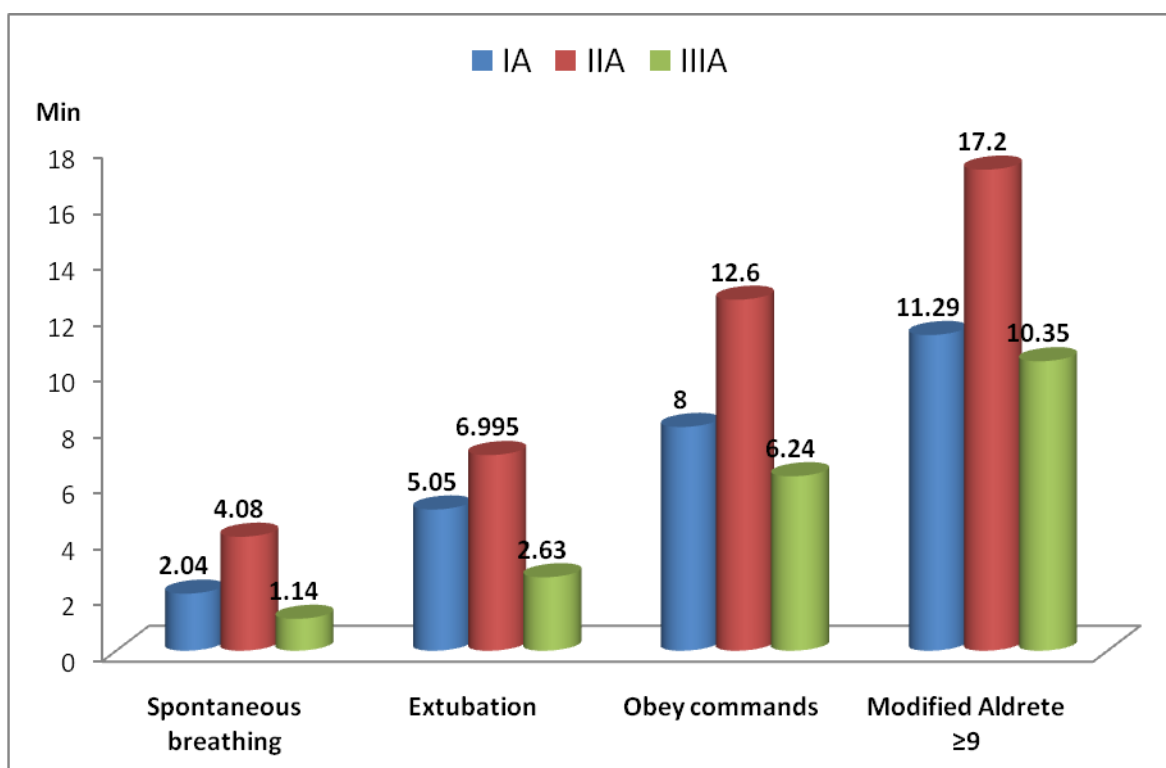


Fig. (35): Recovery profiles in BIS-guided subgroups(IA & IIA &IIIA).

Awareness:

Patients were questioned for recall of events, hearing vague sounds, feeling surgical instruments or dressing application, or dreaming, and we did not encounter any case of operation-related recall (awareness), in either subgroups.

Postoperative complications:

The incidence of postoperative nausea and vomiting in the first 24 h postoperatively, was lower in BIS subgroups; IA ($n=1$, 5%) & IIA ($n=0$, 0%) & IIIA ($n=4$, 20%) than in subgroups without aid of BIS; IB ($n=3$, 15%) & IIB ($n=2$, 10%) & IIIB ($n=7$, 35%) respectively, but these results did not reach a statistically significant value ($P \text{ value} > 0.05$). The least incidence being in propofol-ketamine subgroup IIA (with BIS), and the highest incidence being in isoflurane subgroup IIIB (without BIS). None of the patients of all six subgroups had experienced any hallucinations.

Table (13): Different subgroups according to the postoperative data

	IA(N=20)	IB(N=20)	IIA(N=20)	IIB(N=20)	IIIA(N=20)	IIIB(N=20)
Awareness	0	0	0	0	0	0
PONV	1 (5%)	3 (15%)	0 (0%)	2 (10%)	4 (20%)	7 (35%)
Hallucination	0	0	0	0	0	0

