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A COMPARATIVE STUDY OF ADDING INTRATHECAL DEXMEDETOMIDINE VERSUS SUFENTANIL TO HEAVY BUPIVACAINE FOR POSTOPERATIVE ANALGESIA IN PATIENTS UNDERGOING INGUINAL HERNIAL REPAIRE

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Abstract

Fifty ASA Grade - I/II patients, scheduled for elective inguinal hernia repair. we have combined Inj. DEXM (5μg) and Inj. Sufentanil (5μg) with heavy Bupivacaine (0.5% 2 ml) using the intrathecal route for post operative analgesia. 25 patients in Group D (DEXM 0.5 ml) and Group S (Sufentanil - 0.1 ml + NS - 0.4 ml) added to 2 ml heavy Bupivacaine. Onset and duration of sensory and motor blockade, surgical condition and side effects were assessed. The duration of effective postoperative analgesia as assessed by Visual analogue scale (VAS) was not statistically significantly in between both groups. Cardiovascular and respiratory stability was maintained with no significant incidence of side effects in either group. No incidence of bradycardia, tachycardia or drowsiness in either group. The addition of DEXM (5 μg) and Sufentanil (5μg) intrathecally provide improved postoperative analgesia and hemodynamic stability. Dexm provide prolongs the postoperative analgesia as Sufentanil but with minimal side effects

Keywords : *Intrathecal/dexmedetomidine/ Sufentanil/ postoperative analgesia*

Introduction

Adequate postoperative pain control is essential to prevent adverse consequences of surgical insult. Spinal anesthesia has the advantage of simplicity of technique, rapid onset of action and reliability in producing uniform sensory and motor blockade. Its main disadvantage relates to its