Conclusion: Preoperative lidocaine infusion reduces morphine requirements and improves quality of analgesia over the first 24h, when considering pain during exercise.

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PRE-EMPTIVE ANALGESIA WITH PREGABALIN IN LAPAROSCOPIC CHOLECISTECTOMY

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Background and Aims: Pregabalin is a neuromodulator widely used in the treatment of neurophatic cronic pain, but the posible benefit of its use in acute postoperative pain is not clear. This benefit could be related with its use as an "anthiperalgesic" drug or with the "prevention" of pain when used preoperatively. The objective of this study is to evaluate the postoperative pain related with laparoscopic cholecistectomy after the preoperative administration of pregabalin compared with placebo (pre-emptive analgesia).
Methods: Double blind, randomized, prospective and controlled test aproved by the Ethics Committee. The patients were included in: Group A: 15 patients were given pregabalin. Group B: 15 patients were given placebo.
PCA-morphine was used during 48 hours. Pain was evaluated by the visual analogical scale (VAS) and morphine consumption. Adverse effects (nausea and vomiting, pruritus, sedation, respiratory depression) and patient satisfaction were obtained. T-Student and ANOVA were the statistical analysis.
Results: VAS scores were similar in both groups, but group B had higher consumption of morphne. Adverse effects were similar in both groups and patient satisfaction was good to excellent in both groups without statistical difference.
Conclusions: Pre-emptive analgesia with pregabalin has an opioid sparing effect for an adequate postoperative pain control in laparoscopic cholecistectomy without any adverse effect related with its use.

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THE EFFICENCY OF PREEMPTIVE ANALGESIA SECURED BY THORACAL EPIDURAL ANESTHESIA ON RESPIRATUAR FUNCTIONS AND PAIN MANAGEMENT

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Background and Aims: Severe early postoperative pain after thoracotomy has a negative effect on respiratory functions. Thus, it is crucial to have efficient per and postoperative pain control. Nowadays; in postoperative pain management after thoracal surgery; one of the most effective methods is to apply thoracal epidural catheter [1]. In this study, we aim to describe a solution for this problem.
Methods: Thirty patients with an age range of 18–80 years and ASA I-III, who were having elective lung surgery were accepted to our study. The patients were randomly assigned to two groups. The patients in Group I received only general anesthesia (n = 15), the patients in Group II received general anesthesia + thoracal epidural anesthesia (n = 15). In Group II, after a bolus dose of bupivacaine and fentanyl (0.175% bupivacaine + 15 μg/ml fentanyl/8 ml), peroperative bupivacaine 0.125% and 10 μg/ml fentanyl combination (0.1 ml/kg/h) was infused via the epidural catheter. Postoperatively, all of the patients received epidural analgesia with a patient controlled analgesia protocol.
Results: There were significant differences between the groups concerning sevoflurane consumption; VAS values; total analgesic consumption and requirement of potsoperative intensive care.
Conclusions: Thoracal epidural analgesia proved that it is beneficial to control post thoracotomy pain, with the advantages of decreasing general anesthetic consumption, reduced time to hospitalization and better postoperative analgesia.

References

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PREEMPTIVE LORNOXICAM FOR POSTOPERATIVE PAIN RELIEF IN PATIENTS UNDERGOING URETEROSCOPIC SURGERY

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Background and Goal of Study: Lornoxicam is a non opioid analgesic among to the oxicam group. The of this study to investigate preemptive analgesic effect of lornoxikam which was applied to the patients before elective ureteroscopic surgery.
Material and Methods: This study was carried out in a prospective, randomized, double-blind fashion with 40 patients scheduled for elective transurethral surgery. For all patients, anesthesia was induced with 1 μgkg-1 fentanyl and 7 mgkg-1 thiopental. The trachea was intubated after 0.1 mgkg-1 vecuronium. Anesthesia was maintained in 50% N2O+O2 with 1–3% sevoflurane. Patients were randomly divided into two groups to receive i.v lornoxicam (8 mg) in group I (n = 20) or i.v lornoxicam (16 mg) in group II (n = 20). If the patients displayed clinical signs consistent with inadequate anesthesia, 1 μgkg-1 fentanyl was administrated. The visual analogue scale (VAS) and numeric rating scale (NRS) were used to assess the postoperative pain. Postoperative first additional analgesic time was recorded. The VAS and NRS scores were recorded at the 10, 30, 60, 90, 120th minutes postoperatively.
Results: There was no significant difference at peroperative consumption of fentanyl among two groups. In group II significantly reduced VAS and NRS scores compare to in group I. Postoperative analgesic requirement time was longer in group II than in group I. Nausea and vomiting incidences of group I and II were similar.
Conclusion: This study showed that lornoxicam administrated preemptively has postoperative analgesic effect at ureteroscopic surgery.

References

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EFFECT OF ORAL PRE-EMPTIVE GABAPENTIN ON POSTOPERATIVE PAIN AND FENTANYL CONSUMPTION AFTER TOTAL ABDOMINAL HYSTERECTOMY

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Gabapentin (G) has been suggested to decrease acute postoperative pain but the viewpoints are controversial [1,2]. The aim of this study was to determine the pre-emptive use of G for postoperative pain relief and fentanyl (F) consumption following hysterectomy.
Material and methods: The 50 patients (ASA I-II, aging 45–65) were randomized to receive either oral placebo (group P) or gabapentin (group G) 1200 mg two hours prior to induction of anaesthesia. Anaesthetic technique was standardised. After surgery were given F 40 mkg/h i/v continuously and on demand bolus dose of F 20 mkg i/v with the lock-out time 15 min. Assessments of postoperative pain included visual analogue scale (VAS) scoring for pain at 1, 4, 8, 12 and 24 hr and F consumption during 24 hr after surgery. Side effects were controlled.
Results: The VAS scores were lower in the G group on average: at 1 hr by 5% ($p > 0.05$), at 4 hr by 33% ($p < 0.05$), at 8 hr by 16% ($p < 0.05$), at 12 hr by 16% ($p < 0.05$) and at 24 hr by 5% ($p > 0.05$). F consumption was less in G group (by 9.5%, $p < 0.05$). G was well tolerated. There were no differences in the incidence of side effects.