LOCAL ANESTHESIA AND PAIN IV

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Mixed-model ANOVAs, t-tests, regression, and Fisher exact analyses were computed to test for group differences. PCA0I patients, compared to PCA0 patients, reported fewer sleep disturbances (2.9 vs. 4.6, P<0.05), particularly in terms of the frequency of awakening (P<0.001) and awakening because of pain (P<0.007). PCA+I patients also reported lower pain scores at 4 h (P<0.03) and 8 h (P<0.02) post-surgery, lower levels of nausea (P<0.05), greater satisfaction with the pain treatment received (P<0.004), and vomited less frequently (P<0.05). These differences were not confounded by significant group differences for the duration of time on PCA, total amount of meperidine received (Fig 1), or demographic measures.

These findings suggest that PCA+I, compared to PCA0, provides better pain control, improved sleep, and increased patient satisfaction and comfort than PCA alone in post-surgery hysterectomy patients. These findings can be compared to those of other investigators who also found better pain control with PCA+I, however, at the expense of increased side effects, which were not observed in the present study.

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Results: None of the patients initially treated with saline improved. Therefore, all 10 patients in the PC group received a second injection, after which none improved. In contrast, all patients in the CP group improved after the first injection, none of them needed a second injection (p<0.01).

The onset of action was 143 ± 64 sec after injection of clonidine. No significant changes of HR and oxygen saturation occurred during the study period. MAP decreased significantly only after clonidine (mean 14 ± 13 mmHg, range 0-32 mmHg).

Conclusion: Clonidine inhibits postepidural shivering with only minor hemodynamic changes. It seems to be superior to meperidine for the treatment of postepidural shivering (2).

References

TITLE: CLONIDINE SUPPRESSES POSTEPIDURAL SHIVERING - A DOUBLE BLIND STUDY
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Introduction: Shivering is a common complication in the perioperative period. It has been shown recently (1) that i.v. clonidine effectively suppresses postepidural shivering after general anesthesia. Shivering after epidural anesthesia appears to be different from that observed during emergence from general anesthesia (2), occurs in up to 40% of all patients and does not react to i.v. meperidine (2). We therefore investigated if i.v. clonidine suppresses postepidural shivering.

Methods: Following Institutional Review Board approval and after obtaining informed consent, 20 adult patients (ASA I-III) who required therapy for postepidural shivering where randomly allocated to two treatment groups. In group PC treatment began with saline i.v., followed by 150 μg clonidine i.v. 5 min later, if the initial therapy showed no improvement. Group CP was initially treated with 150 μg clonidine i.v., followed by saline i.v. 5 min later if the initial treatment failed. Inhibition of shivering was classified as no, partial and complete. BP, HR and oxygen saturation were documented in 2 min intervals during the study period. Data were statistically evaluated with Chi-Square-test and ANOVA.