LOCAL ANESTHESIA AND PAIN IV

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Mixed-model ANOVAs, t-tests, regression, and other exact analyses were computed to test for group differences. PCAI patients, compared to FCM0 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). PCAI 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 PCAI, compared to FCM0, provides better pain control, improved sleep, and increased patient satisfaction and comfort than FCM alone in post-surgery hysterectomy patients. These findings can be compared to those of other investigators who also found better pain control with PCAI, 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 nine 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).

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

References