

Abstract #16

Use of Local Anaesthetic Infiltration of Suture Lines in Upper Abdominal Surgery

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Introduction with Hypothesis: Upper abdominal surgeries are common in anesthesia practice. The post operative period and recovery is typically painful for the patient as there is respiratory compromise due to the high line of suturing, that can often lead to lower lung field pneumonia. If no additional analgesics are given to the patient after general anesthesia, the first few hours after surgery are typically painful for the patient as the effect of the intraoperative steroids is wearing off. In this study, we describe a simple method of local anaesthetic infiltration of the suture line via a perforated multi hole epidural catheter, which leads to the decrease in both the use of rescue analgesic requirements and improved recovery rates.

Methods : 50 patients undergoing upper abdominal surgery for different indications and refusing epidural analgesia as a method of post operative analgesia were selected for the study and assigned group A. Group B (60 patients) were those who refused both forms of analgesia and were being managed with the IV/IM analgesics (NSAID+ opioid), and served as the control. Patients in group A received a multi hole perforated catheter embedded along the suture line and a controlled infusion of 0.5% bupivacaine and 50 microgram fentanyl was infused through a syringe pump. If the patient complained of pain at anytime, he or she was given rescue analgesics. Patients recorded their pain on VAS (0 to 10) in the recovery area 15 minutes after arrival. Patients complaining of moderate to severe pain (VAS>3) were treated with rescue analgesics.

Result and Conclusion: Requirements for the rescue analgesic, and the dose were significantly decreased for group A when compared to group B. Patient satisfaction was significantly higher in group A, and recovery was earlier in group A when compared to group B. We can conclude that this is a good method for post operative analgesia for the patients refusing the epidural analgesia.