

Isoflurane In Cesarean Section

Jirasiritham S, M.D.,* Tantivitayatan K, M.D.*

*Department of Anesthesiology, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Bangkok

The purpose was to study the effect of isoflurane in general anesthesia for cesarean section in terms of blood loss, APGAR scores, awareness and other complications. Seventy-eight elective and emergency parturients with ASA mostly I status, mean age 32.02 ± 4.15 years, mean weight 68.55 ± 8.67 kgs. inhaled 0.9% isoflurane for 13.78 ± 4.12 mins before and 0.44% of that for 7.85 ± 9.83 mins after delivery, Midazolam 1-3 mg was supplemented intravenously in most cases. No evidence of abnormal bleeding, neither APGAR scores nor incidence of awareness was found. Isoflurane in different concentrations for cesarean section was discussed.

Abstract : Efficacy of Low Dassage of Intrathecal Bupivacaine with Fentanyl for Surgery

Chanchayanon T.,* Krataijan J.,* Preechavai P.,* Phakam P.,* Vittayanupagorn N.*

*Department of Anesthesiology, Faculty of Medicine, Prince of Songkhla University, Hatyai, Songkhla 90110

We evaluated the effect of 10 microgram of fentanyl added to bupivacaine on sensory and motor blockade. By using a double blinded study design, 90 patients undergoing general lower extremities, orthopedic and urologic surgery were randomized into two group : Group I, bupivacaine 7.5 mg and fentanyl 10 microgram; Group II, bupivacaine 12.5 mg only. The final volume of intrathecal injectate was adjusted to 2.5 mL with normal saline solution. Spinal anesthesia was administered with the 27-gauge Whitacre needle at the L2-3 interspace with the patient in the lateral position. Neural block was assessed by using pinprick and a modified Bromage scale. The degree of motor blockade and median level of the upper limit of the sensory blockade were similar in both groups. The efficacy of blockade in group II (93.33%) is higher than that of in group I (88.88%) but not statistically significant. The incidence of side effects was not significantly different between both groups except vomiting in group I (11.11%). We concluded that fentanyl 10 microgram with 7.5 mg of bupivacaine increased only the maximal sensory level but not the motor blockade. The low dosage of intrathecal bupivacaine with fentanyl is as good as the conventional use of bupivacaine alone.

Key words : Intrathecal bupivacaine, fentanyl, randomized control trial, spinal anesthesia