

Intrathecal Sufentanil or Fentanyl as Adjuvants to Low Dose Bupivacaine in Endoscopic Urological Procedures

Authors : Shikha Gupta, Suneet Kathuria, Supriya Sampley, Sunil Katyal

Abstract : Opioids are being increasingly used these days as adjuvants to local anesthetics in spinal anesthesia. The aim of this prospective, randomized, double-blind study is to compare the effects of adding sufentanil or fentanyl to low dose bupivacaine in spinal anesthesia for endoscopic urological procedures. A total of 90 elective endoscopic urological surgery patients, 40-80 years old, received spinal anesthesia with 7.5 mg hyperbaric bupivacaine 0.5% (Group A) or by adding sufentanil 10 µg (Group B) or fentanyl 25 µg (Group C) to 5 mg hyperbaric bupivacaine 0.5%. These groups were compared in terms of the quality of spinal anesthesia as well as analgesia. Analysis of variance and Chi-square test were used for Statistical analysis. The onset of sensory and motor blockade was significantly rapid in Group A as compared with Groups B and C. The maximum upper level of sensory block was higher in Group A patients than Groups B and C patients. Quality of analgesia was significantly better and prolonged in sufentanil group as compared with other two groups. Motor block was more intense and prolonged in Group A as compared with Groups B and C patients. Request for post-operative analgesic was significantly delayed in Group B patients. Hence in conclusions, spinal anesthesia for endoscopic urological procedures in elderly patients using low dose bupivacaine (5 mg) combined with 10 µg sufentanil is associated with a lower incidence of hemodynamic instability, better quality and prolonged duration as compared to that by adding 25 µg fentanyl.

Keywords : adjuvants, bupivacaine, fentanyl, intrathecal, low dose spinal, sufentanil

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