

The Addition of Opioids to Bupivacaine in Bilateral Infraorbital Nerve Block for Postoperative Pain Relief in Paediatric Patients for Cleft Lip Repair- Comparative Effects of Pethidine and Fentanyl: A Prospective Randomized Double Blind Study

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Abstract : Introduction: Cleft lip repair is one of the common surgeries performed in India and the usual method used for post-operative analgesia is perioperative opioids and NSAIDs. There has been an increase in use of regional techniques and Opioids are the common adjuvants but their efficacy and safety have not been studied extensively in children. Aim: A prospective, randomized, double-blind study was done to compare the efficacy, duration and safety of intraoral infraorbital nerve block on post-operative pain relief using bupivacaine alone or in combination with fentanyl or pethidine in paediatric cleft lip repair. Methodology: 45 children between the age group 5 - 60 months undergoing cleft lip surgery randomly allocated into 3 groups of 15 each received bilateral intraoral infraorbital nerve block with 0.75ml of solution. Group B received 0.25% bupivacaine; group P received 0.25% bupivacaine with 0.25mg/kg pethidine, group F received 0.25% bupivacaine with 0.25microgm/kg fentanyl. Sedation after recovery, post-operative pain intensity and duration of post-operative analgesia were assessed using Modified Hannallah Pain Score. Results: The mean duration of analgesia was 17.8 hrs in Group B, 23.53 hrs in Group F and 35.13 hrs in Group P. There was statistically significant difference between the means of the three groups- ANOVA ($p < 0.05$). Conclusion: Thus we conclude that addition of fentanyl or pethidine to bupivacaine for Bilateral Intraoral Infraorbital Nerve Block prolong the duration of analgesia with no complications and can be used safely in paediatric patients.

Keywords : cleft lip, infraorbital block, NSAIDS, Opioids

Conference Title : ICAAPM 2017 : International Conference on Anesthesia and Acute Pain Management

Conference Location : Dubai, United Arab Emirates

Conference Dates : November 24-25, 2017