

## EFFECTIVENESS OF PREOPERATIVE INTRAVENOUS DEXAMETHASONE ON POSTOPERATIVE PAIN DURING GYNAECOLOGICAL SURGERIES UNDER SPINAL ANAESTHESIA WITH BUPIVACAINE PLUS FENTANYL IN TERTIARY CARE HOSPITAL– A PROSPECTIVE DOUBLE BLIND STUDY

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### ABSTRACT

*Introduction: Acute pain; a key component for enhanced postoperative recovery; is modifiable risk factor contributing development of chronic post-operative pain. Spinal anaesthesia is common technique for lower abdominal gynaecological surgeries. Opioids added to intrathecal Bupivacaine for prolonging duration of analgesia, have inherent adverse effects. Analgesic, antiemetic and anti-inflammatory benefits of Dexamethasone have been demonstrated during various surgeries. Aim: to evaluate effect of preoperative intravenous Dexamethasone in patients undergoing gynaecological surgeries under spinal anaesthesia with Bupivacaine plus Fentanyl. Primary Objective- to evaluate effectiveness on post-operative pain. Secondary Objective- to evaluate effect on postoperative nausea/vomiting. Methods: Ethics Committee approval was taken. Total 100 female patients, (age>18years, ASA grade-I/II) posted for elective gynaecological surgeries under spinal anaesthesia, randomly divided into two groups of 50 each. Group-A (intravenous dexamethasone 0.1mg/kg); Group-B (intravenous 0.9% normal saline 2ml). Results- Demographic data, hemodynamic parameters and Modified Bromage Scores were comparable ( $P > 0.05$ ). Dexamethasone effectively reduced post-operative pain. VAS Scores were significantly lower in study group compared to control group ( $p < 0.01$ ) at 2 hours, 6 hours and 24 hours. Dexamethasone was effective in significant reduction of post-operative rescue analgesic dose and post-operative nausea and vomiting ( $P < 0.05$ ). Conclusion- Preoperative intravenous Dexamethasone (0.1mg/kg) is effective and safe for postoperative analgesia during gynaecological surgeries under spinal anaesthesia with Bupivacaine plus Fentanyl.*

**KEYWORDS:** gynaecological surgery, intravenous dexamethasone, postoperative pain, spinal anaesthesia

Received: Jun 27, 2021; Accepted: Jul 17, 2021; Published: Sep 29, 2021; Paper Id.: IJMPSDEC202110