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## COMPARATIVE EVALUATION OF BUTORPHANOL AND FENTANYL AS COINDUCTION DRUGS TO ASSESS THEIR EFFECT ON APNOEA TIME, RECOVERY TIME AND SEDATION SCORE USING LARYNGEAL MASK AIRWAY

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**Problem of Statement:** Securing definitive airway traditionally requires placement of endotracheal tube which has got some undesirable effects like eliciting sympathoadrenal stress response, requirement of muscle relaxants and inevitable apnoea. To overcome these effects Laryngeal Mask Airway was invented. It is such an innovation in the field of airway management that has led to drastic reforms in the traditional aspects of general anaesthesia. Its placement is possible without relaxants. This implies that this method minimizes apnoea time or even prevents apnoea. It reduces the degree of atelectasis and offers various other advantages. In this study we compared the combination of propofol-butorphanol with propofol-fentanyl for Laryngeal Mask Airway insertion without using muscle relaxant and allowing the patient to resume spontaneous ventilation and apnoea time, recovery time and sedation scores were compared.

**Methodology:** Hundred patients scheduled for elective surgeries were randomly divided into two groups of 50 each. As coinduction drug Group F received fentanyl and Group B received butorphanol. In both the groups induction was achieved with I/V propofol and LMA was placed. Apnoea time, recovery time and sedation scores were noted and analysed statistically.

**Findings:** As compared to group F apnoea time was significantly less in group B and recovery time was significantly more in group B. In group B statistically postoperative sedation was significantly higher than in group F at 1/2 hour, but clinically, majority of the patients were responding to verbal commands. At 1 hour no significant difference in sedation were noted and none of the patients were deeply sedated at 2 hour in both the groups.

**Conclusion and Significance:** Propofol-butorphanol combination is a safer alternative to propofol-fentanyl combination because of decreased apnoea time and various advantages of maintaining spontaneous ventilation. Sedation score and recovery time though higher with butorphanol group, was clinically within acceptable limit.

### Biography

Manisha Bhatt Dwivedi is working as professor anaesthesiology, in the department of anaesthesiology and critical care MMIMSR Mullana-Ambala-India. Her areas of interest are airway management, life support programs and neuromuscular monitoring. To quench the desire to learn more and contribute something in these areas she is regularly organizing and participating in the workshops related to these skills and is engaged in teaching and training programs as in charge simulation laboratory, central research cell and in charge critical care division.

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