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## Goal-directed fluid therapy could guard against acute kidney injury in elderly patients undergoing major abdominal surgeries: Comparative study versus restrictive fluid therapy

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**Background & Aim:** Intravenous regional anesthesia (IVRA) is an effective procedure for various short trauma surgical interventions on the upper limbs. It provides favorable patient recovery profile with shorter post-operative recovery time and less hemodynamic derangement. Aim of this study is to investigate the quality of analgesia and hemodynamics when Dexmedetomidine or Nitroglycerine (NTG) added to Lidocaine for Intravenous Regional Anesthesia (IVRA) for traumatic hand and forearm surgery.

**Method:** 60 ASA I and II patients undergoing hand and forearm surgery after trauma were divided into three groups (20 patients each). Group Dexmedetomidine received IVRA 40 ml Lidocaine 0.5% plus 1µg/kg Dexmedetomidine. Group Nitroglycerine received IVRA 40 ml Lidocaine 0.5% plus 200 µg NTG. Group control received IVRA 40 ml Lidocaine 0.5%. Onset and recovery of sensory and motor block, quality of analgesia, time to tourniquet pain, time to first postoperative analgesic request, the total intra-operative and postoperative analgesic consumption and adverse effects were recorded.

**Result:** Sensory and motor block onset times were significantly shorter in group Nitroglycerine compared to group Dexmedetomidine and group control. Sensory and motor block recovery times were significantly prolonged in group Dexmedetomidine and group Nitroglycerine compared to group control. Sensory and motor block recovery times were significantly prolonged in group Dexmedetomidine compared to group Nitroglycerine ( $P<0.05$ ). Time to tourniquet pain was higher in group control compared to both Dexmedetomidine and Nitroglycerine groups. Postoperative VAS and analgesic consumption intra and post-operative were statistically lower in group Dexmedetomidine and group Nitroglycerine compared to group Control ( $P<0.05$ ). These variables were significantly lower in group Dexmedetomidine in comparison to group Nitroglycerine ( $P<0.05$ ).

**Conclusion:** NTG 200 µg added to Lidocaine for IVRA shorten sensory and motor block onset times. Dexmedetomidine 1 µg/kg improves the quality of anesthesia and improves intra-operative tourniquet pain and postoperative pain with less intra-operative and postoperative analgesic consumption or hemodynamic instability.