

Vol: 4 Sp. Iss. 1

Analgesic efficacy of Inj. Dexamethasone as an adjuvant with inj. Levobupivacaine in ultrasound guided transverse abdominis plane (TAP) block after cesarean delivery- A prospective randomized controlled double-blind study

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## Abstract

Ultrasound-guided transversus abdominis plane block (TAPB) has been found as a safe and effective analgesic technique for several lower abdominal surgeries and the addition of adjuvant reported to reduce postoperative analgesia requirement. The aim was to assess the efficacy of adding dexamethasone (8mg) to levobupivacaine (0.25%) in USGguided TAPB given in patients who underwent cesarean section in terms of time for first rescue analgesia and total analgesic requirement in the first 24 hours post-operatively. 80 females of ASAPS grade I-II, scheduled for elective/ emergency LSCS under spinal anaesthesia taken. They were divided randomly into two groups 40 patients each. In group LD bilateral TAPB was given with 30ml (15ml each side) of 0.25% levobupivacaine and 2 ml dexamethasone (8 mg) while in group L same volume of 0.25% levobupivacaine was given along with 2 ml 0.9% normal saline under USG-guidance. Patients were monitored for the time required for the first rescue analgesia administration (Inj. Diclofenac Sodium 1.5 mg/kg) in the post-operative period using a numeric evaluation scale and the cumulative requirement of analgesia over the first 24hour were recorded. Time to first rescue analgesia was prolonged significantly in the group LD (19.9hrs±2.07) (p<0.0001) compared to the group  $(10.2hrs\pm2.21)(p<0.0001)$ . VAS scores for both somatic and visceral pain were significantly lower in group LD. The total consumption of Inj.Diclofenac Sodium in 24hrs was significantly lower in the group LD (95.6+33.92) (p<0.0001) compared to group L (170.6mg+50.92) (p<0.0001). Adding dexamethasone to levobupivacaine in USG-guided TAPB significantly reduces pain and prolongs the duration of analgesia postoperatively, thereby reducing total analgesic consumption.



## **Biography**

Dr. Erra Shirish has completed his MBBS from Jiangsu School of Medicine, Jiangsu University, Zhenjiang, China and is currently pursuing his Masters degree in Anaesthesiology from SSG Hospital and Medical College Vadodara.

## Speaker Publications:

- 1. Response of brinjal genotypes to drought and flooding stress
- 2. A study on consumer perception on euro-fresho, a packaged fruit drink in nerul city

<u>5th International Anesthesia and Pain Medicine</u> Conference - Dubai, UAE- August 10-11, 2020.

## **Abstract Citation:**

Erra Shirish, Analgesic efficacy of Inj. Dexamethasone as an adjuvant with inj. Levobupivacaine in ultrasound guided tranverse abdominis plane (TAP) block after caesarean delivery- A prospective randomized controlled double blind study, Anesthesia Meet 2020, 5<sup>th</sup> International Conference on Anesthesia and Pain Medicine Conference; Dubai, UAE- August 10-11, 2020. (https://anesthesiology.conferenceseries.com/2020)