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Comparison of 4 mg dexamethasone versus 8 mg dexamethasone as an adjuvant to levobupivacaine in fascia iliaca block- a prospective study

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To compare the effects of adding two different doses of dexamethasone on the duration and quality of the fascia iliaca block in patients undergoing proximal femoral fracture surgery.

Methodology: A total of 60 patients (age 18-70 years) undergoing proximal femoral nailing surgery in spinal anesthesia were given fascia iliaca block after random assignment to one of the two groups: Group H- received injection levobupivacaine (0.5%) 28 ml plus 2 ml (8 mg) dexamethasone & Group L received injection levobupivacaine (0.5%) 28 ml plus dexamethasone 1ml (4 mg) plus 1 ml normal saline. Assessment of duration of analgesia and total tramadol requirement over 48 hours were noted after a successful block.

RESULTS: The duration of analgesia was found to be significantly longer in Group H (17.02 ± 0.45 hr) than the Group L patients (14.29 ± 0.45 hr) with a p-value of 0.000. Postoperative analgesic requirement (amount of tramadol in mg) was significantly higher in Group L (Q2: 200.0; IQR: 100.0, 200.0) as compared to Group H (Q2: 100.0; IQR: 100.0, 200.0) with a p-value of 0.034. No patient showed any sign of neurotoxicity.

CONCLUSION: Dexamethasone in a dose of 8mg is superior to 4mg when used as an adjuvant with levobupivacaine in FIB. Though both prolonged analgesia and effective reduction of oral/ intravenous analgesics, 8mg dexamethasone can be recommended as a more efficacious adjuvant to local anesthetics in FIB.

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