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Rectal diclofenac for preemptive analgesia after laparoscopic cholecystectomy

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Introduction: Pain is the major complaint after laparoscopic cholecystectomy and its intensity peaks during first few postoperative hours. We studied that rectal diclofenac suppository administered immediately after induction may reduce post operative pain, and reduce need for rescue analgesia and decrease opioid related side effects.

Methods: After ethics committee approval and written informed consent, patients were randomised into study group or control group. Study group (n=35) patients received 100 mg of diclofenac rectal suppository immediately after induction, whereas control group patients (n=34) did not receive the same. All patients received inj. fentanyl 3mcg/kg intraoperatively for pain relief. Anesthesia induction and maintenance remained same in both groups of patients. Evaluation of pain was done with Visual Analog Scale (0-10, 0 = no pain and 10= worst pain ever experienced) after extubation and emergence from anesthesia in operation room itself (0 Hr) and subsequently at 1, 3, 6 and 12 hours postoperatively. Intravenous morphine was given in the dose of 0.1 mg/kg, when perceived pain was more than 2 on VAS.

Results: 32 patients in each group completed the study protocol and their data was analysed by Student "t" test for parametric and Chi Square Test for non parametric data. Demographic data was comparable in both groups. At 0 and 1 hr, control group patients had significantly higher mean pain scores as compared to study group ($p<0.05$). At 1 and 3 hrs, significantly higher number of patients required rescue morphine in control group ($p<0.05$) whereas at 0 hrs, the requirement was higher in control group but was statistically insignificant. At 3 hrs postoperatively, significantly higher number of patients had nausea vomiting in control group.

Conclusion: Diclofenac suppository in 100 mg dose significantly decreases VAS score and reduces requirement of rescue analgesia and its complications, in patients after laparoscopic cholecystectomy.

Biography

Puneet Goyal completed MBBS from Tirunelveli Medical College, Tamil Nadu (India) in 1998, MD in Anaesthesia from Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow in the year 2002 and DM in Cardiac Anaesthesia from All India Institute of Medical Sciences, New Delhi in 2006. At present he is working as Associate Professor in the Department of Anaesthesia - SGPGIMS, Lucknow. He has also completed Fellowship in Advanced Cardiac Anaesthesia from University of Western Ontario, Canada. He has published approximately 20 papers in indexed journals.

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