



Total 24-hour PCA and intraoperative fentanyl consumption, time to activation of PCA pump and AUC of NRS scores at rest and coughing

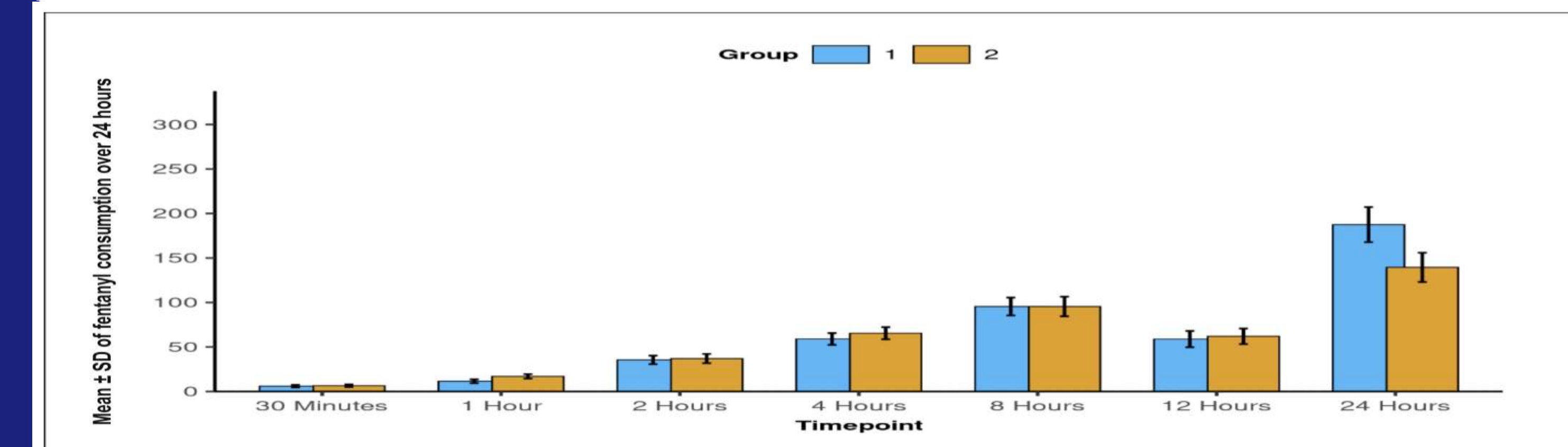
	Group 1 (n=40)	Group 2 (n=40)	Difference of means	95% CI	P value
Total 24hour PCA fentanyl consumption (µg)	458.50 ± 246.30	426.50 ± 232.59	-32.00	-138.64 to 74.64	0.538 ^a
Time to activation of PCA pump (minutes)	83.30 ± 54.67	131.18 ± 106.24	47.88	10.27 to 85.49	0.033 ^{a*}
Total intra-operative fentanyl consumption (µg)	19.75 ± 28.71	10.00 ± 18.05	-9.75	-20.42 to 0.92	0.123 ^a
Pain NRS at rest (AUC 0-24 hours)	46.59 ± 16.93	45.10 ± 17.64	1.48	-6.21 to 9.18	0.384 ^b
Pain NRS at cough (AUC 0-24 hours)	72.52 ± 24.59	69.62 ± 24.86	2.9	-8.10 to 13.90	0.524 ^b
QOR-40 Score (24 hours)	175.6 ± 11.6	177.4 ± 11.24	1.80	-3.29 to 6.89	0.205 ^a
QOR-40 Score (48 hours)	184.05 ± 8.1	184.5 ± 7.25	0.45	-2.97 to 3.87	0.942 ^a

Abbreviations: SD=standard deviation, CI=confidence interval, µg=micrograms, PCA=patient-controlled analgesia, NRS=numerical rating score; AUC=area under curve

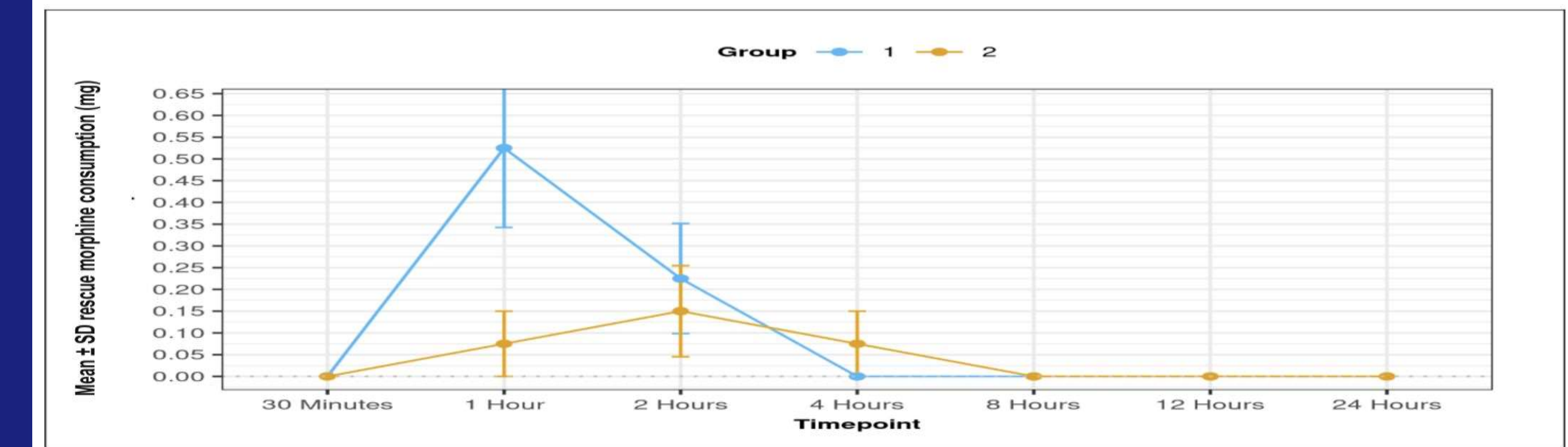
Values are expressed as mean ± SD; *P value <0.05 was considered statistically significant

a: Wilcoxon-Mann-Whitney U test was used for comparison between groups

b: Linear trapezoidal rule was used for comparison of AUC 0-24 hours for NRS scores for pain at rest and cough



Abbreviations: SD=standard deviation



Abbreviations: SD=standard deviation, mg=milligrams

Geetha Supriya Thota, Rashmi Ramachandran, Brusabhanu Nayak, Vimi Rewari

Title:
Effect of Intravenous Dexamethasone on analgesic efficacy of unilateral Quadratus lumborum block in laparoscopic renal surgeries

INTRO

- Quadratus lumborum block (QLB) reduces postoperative opioid requirement
- Preoperative intravenous dexamethasone has an additive role in reducing postoperative pain and opioid consumption along with PONV scores

METHODS

- 80 ASA I-III patients aged 18-70 years
- Double-blind randomised controlled trial
- Preopratively, Transmuscular QLB administered and i.v. Dexamethasone given to study group
- Postoperatively, PCA pump connected to patients i.v and consumption noted for 24hrs
- SPSS v23 (IBM Corp.) was used for data analysis

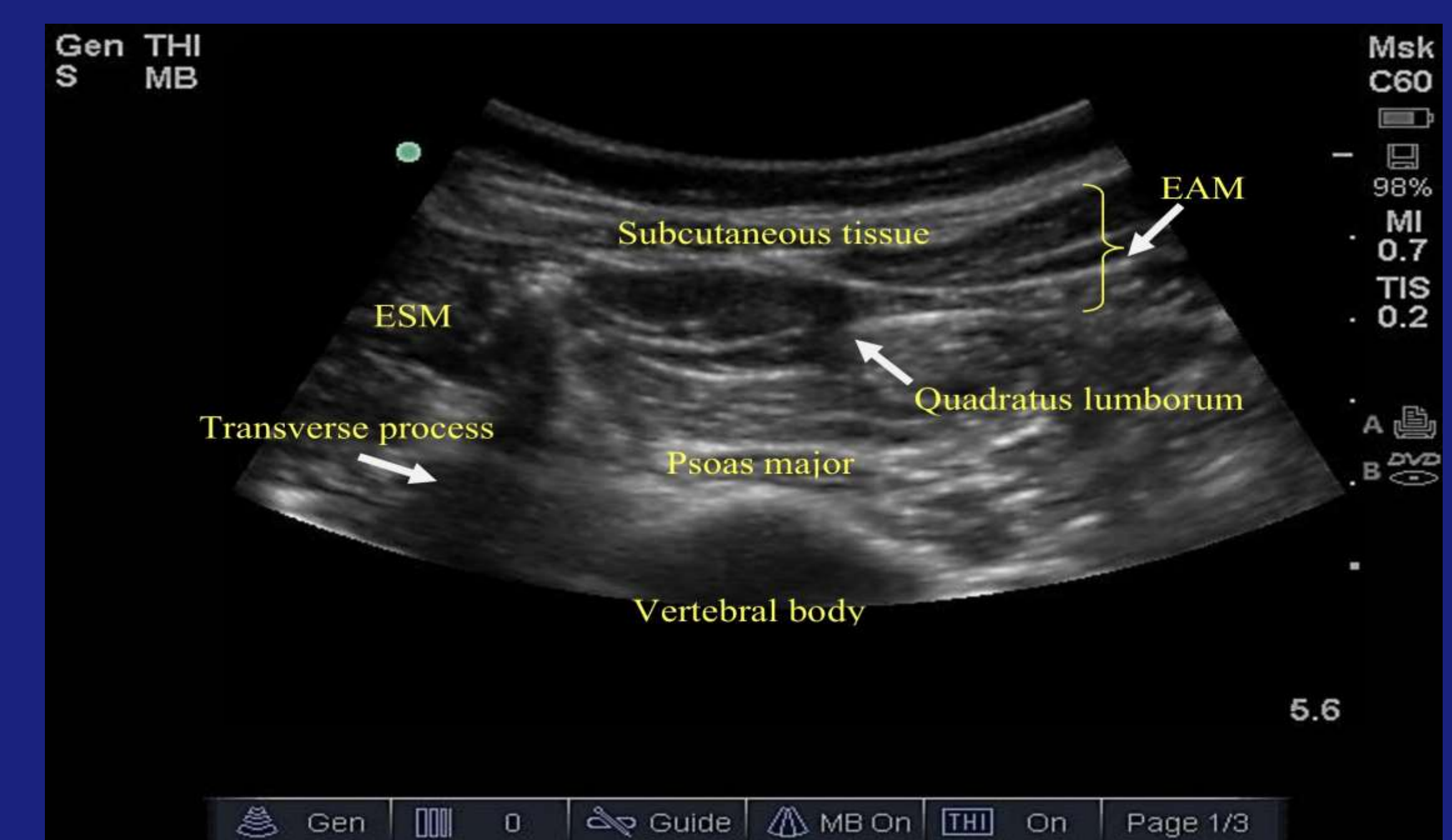
RESULTS

- The primary outcome of 24-hour postoperative PCA fentanyl consumption was comparable
- However, activation of PCA pump was delayed and rescue analgesic requirement was lower along with PONV scores in dexamethasone group
- Other secondary parameters did not diifer significantly between the groups

DISCUSSION

- Dexamethasone demonstrated potential benefits in
 - Prolonging the duration of regional block
 - Reducing rescue analgesia consumption
 - Decreasing PONV

Dexamethasone reduced Rescue analgesia and PONV scores but not postoperative 24 hour PCA opioid consumption



Take a picture to download the full paper

