

Comparative study between intrathecal nalbuphine and dexmedetomidine for post-operative analgesia in lower abdominal surgeries.

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Abstract:

Background: Nalbuphine and Dexmedetomidine has been used intrathecally as an adjuvant in many studies. The purpose of our study was to establish the effectiveness of intrathecal nalbuphine as an adjuvant, and compare with dexmedetomidine and determine prolonged analgesic effect and minimal side-effects. **Materials and Methods:** In this prospective, randomized, controlled study, 100 ASA I and II patients undergoing lower abdominal surgery under subarachnoid block (SAB), were randomly allocated to two groups: N and D, to receive 0.8 mg nalbuphine made up to 0.5 ml with NS added to 0.5% hyperbaric bupivacaine 18 mg (total volume 3.5 ml) and 5 µg dexmedetomidine made up to 0.5 ml with NS added to hyperbaric bupivacaine 18mg [total volume 3.5ml] respectively. The onset of sensory and motor blockade, two-segment regression time of sensory blockade, duration of motor blockade and analgesia, visual analogue scale (VAS) pain score and side-effects were compared between the groups. **Results:** Two-segment regression time of sensory blockade and duration of effective analgesia was prolonged in groups D (5 µg dexmedetomidine) and N(0.8 mg nalbuphine) The onset of sensory and motor blockade, two-segment regression time of sensory blockade, duration of motor blockade and analgesia, visual analogue scale (VAS) pain score and side-effects were compared group D was better than group N. **Conclusion:** Nalbuphine and dexmedetomidine used intrathecally is a useful adjuvant in SAB and, prolongs postoperative analgesia without increased side-effects.

Keywords: Dexmedetomidine, Hyperbaric bupivacaine, Napuphine.

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