366. How does different injection speeds of low dose levobupivacaine in transurethral surgery effect haemodynamics, sensory and motor blockade?

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Introduction: The purpose of this study was to compare the anesthetic characteristics of two radically different speeds of intrathecal injection of low dose 0.5% levobupivacaine, which is the pure S(-)- enantiomer of racemic bupivacaine but is less toxic to the heart and central nervous system.

Methods: Fifty patients undergoing transurethral resection of prostate were allocated randomly to two groups according to the rate of injection of 1.5 mL (7.5 mg) of 0.5% levobupivacaine: Group S (0.5 mL/min) or Group F (6mL/min). All patients were in the sitting position both during insertion of the spinal needle and for 3 min after begining the spinal injection, so that both groups experienced the same duration of positional effects.

Results: Group S reached T10 sensory block level earlier (2.05 ± 2.35 min) than Group F (7.47 ± 3.58 min) ($p< 0.05$). The peak sensory block levels were similar: T6.5 (T3-T10) vs T8 (T4-T10). The duration of sensory block was significiantly shorter in the slow group: 121.86 ± 26.48 min vs 151.89 ± 27.19 min ($p<0.05$). At the end of the surgery, the motor block levels were not significiantly different, but the $p=0.058$ is very close to the $p=0.05$. The recovery of motor block was faster in the slow injection group. There were no significiant diffirences between the two groups in the quality of sensory and motor block or in haemodynamic changes. Anaesthesia was adequate and patient satisfaction good in all cases.

Conclusion: In conclusion, for the surgeries required an upper level of sensory block of at least the tenth thoracic dermatome, in the spinal anaesthesia, low dose (1.5 mL) 0.5% levobupivacaine is effective and suitable anaesthetic agent for achieving adequate anaesthesia and stable hemodynami. Also, slow spinal injection of levobupivacaine results in a block of more rapid onset and recovery.

395. Epidural anesthesia for pilonidal disease surgery: recovery characteristics compared with sevoflurane anesthesia

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Introduction: This study was designed to evaluate two anesthetic techniques, namely, epidural anesthesia and general anesthesia, with respect to recovery times, operating room efficiency, patient and surgeon satisfactions for ambulatory pilonidal disease surgery.

Methods: After approval by the Medical Ethics Committee of our hospital, 40 patients were randomly assigned to groups: general anesthesia (Group GA) or epidural anesthesia (Group EA). Epidural catheters were inserted at L4-5 and epidural anesthesia was performed with 10ml of 2.5% levobupivacaine. General anesthesia was induced with fentanyl and thiopental in Group GA. Endotracheal intubation was facilitated with iv vecuronium and anesthesia was maintained with O2/N2O, sevoflurane. Systolic, diastolic, mean arterial pressure (SAP, DAP, MAP) and heart rate (HR) were measured before anesthesia (baseline), and every five minutes during surgery. The average time spending in the operating room (TSOR), stand up time (ST), immediate postoperative pain using VAS (0=no pain, 10=worst imaginable pain), patient (PS) and surgeon satisfaction (SS) (1=perfect, 2=good, 3=fair, 4=bad) were compared between groups.

Results: HR and MAP values were comparable between the groups ($p>005$). Though there was no statistical difference between groups, TSOR was greater in Group EA ($p>0.05$). But ST was greater in Group GA (381min in group GA and 5 min in group EA). Group EA was statistically better ($p<0.05$) in VAS pain scores except for the postoperative sixth hour values. PS and SS were both beter in group EA ($p<0.05$)

Conclusion: EA technique with 2.5% levobuivacaine has superior recovery profiles, patient and surgeon satisfactions compared with GA technique with sevoflurane.