Background and Aims Postoperative pain remains one of the most common challenges following laparoscopic esophagectomy. Dexmedetomidine, an alpha-2 agonist, has intrinsic antinociceptive and anti-hyperalgesic properties that may reduce postoperative pain. Furthermore, there is evidence that its use during general anesthesia, as an adjuvant agent, improves pain outcomes. The aim of this study was to assess if intraoperative dexmedetomidine reduces postoperative pain scores and opioid consumption in patients undergoing laparoscopic Ivor-Lewis esophagectomy.

Methods 30 patients undergoing laparoscopic esophagectomy under general anesthesia were included in this retrospective observational study. We compared the effects on postoperative pain and opioid consumption in patients who received intraoperative dexmedetomidine infusion (15 patients) and those who did not (15 patients). Postoperative pain was assessed on the PACU and on the POD1 and POD2 using the Visual Analogue Scale (VAS). Adequate pain control was defined as a VAS ≤ 4. Data on We also compared intraoperative hemodynamic instability, and postoperative nausea and vomiting (PONV) were also compared.

Results No differences in opioid requirements were found between groups (p>0.42), with a mean opioid consumption of 0.73 ± 1.56 morphine mg equivalents in patients who received dexmedetomidine, and 0.91 ± 2.39 morphine mg equivalents in the control group. We did not find statistically significant differences in postoperative pain severity (p=0.25), intraoperative hypotension (p=0.09), PONV (p=0.18), anesthetic complications (p=0.62) nor length of hospitalization (p=0.11) between groups. However, patients exposed to dexmedetomidine infusion had a greater incidence of bradycardia (OR=2.02; 95% CI: 1.16 - 3.53; p=0.007).

Conclusions Intraoperative dexmedetomidine had no effect on reducing postoperative pain scores nor opioid consumption. It was associated with a greater incidence of intraoperative bradycardia.

Background and Aims Postoperative CRBD is a troublesome sequela to an indwelling urinary catheterization that is commonly related to a number of postoperative complications, patient distress and increased length of hospital stay. The aim of this study is to evaluate the effect of 75 mg and 150 mg oral pregabalin pretreatment for the prevention of CRBD.

Ethical approval has been granted by the ethics committee.

Methods Patients undergoing transurethral resection of bladder tumor were blindly randomly allocated into 3 groups. Group I patients received placebo, Group II patients received 75 mg pregabalin and Group III patients received 150 mg of pregabalin 1 hour prior to the operation. Catheter-related bladder discomfort was evaluated on a 4-point scale in 5 different time intervals.

Results 78 patients were enrolled in the study. There was no difference between the demographic profile and operative variables such as surgical and anesthesia time between the groups (p>0.05). The incidence of CRBD was 82% in group I, 62.5% in group II, and 34.6% in group III. Statistically significant decrease in CRBD was observed in all patients administered with pregabalin regardless of drug dosage compared to placebo (p<0.05). Group III patients presented with