Background and Aims Postoperative pain remains one of the most common challenges following laparoscopic oesophagectomy. Dexmedetomidine, an alpha-2 agonist, has intrinsic anti-nociceptive 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 oesophagectomy.

Methods 30 patients undergoing laparoscopic oesophagectomy 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 1.6 - 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 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 pre-treatment 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, and Group III patients received 150 mg pregabalin 1 hour prior to the operation.

Background and Aims Topical laparotomy is one of the most painful orthopaedic surgery. Spinal anaesthesia is a gold standard for hip replacement. By adding low-dose Morphine to intrathecal Bupivacaine, could be prolonged analgesia and reduced postoperative pain. The objective of the study: to compare the effect of low-dose morphine (0.1 mg and 0.2 mg) addition to Bupivacaine for spinal anaesthesia on postoperative pain and incidence of side-effects.

Methods A prospective randomized study conducted at the “Hospital of Traumatology and Orthopedics” from 2020 June to 2021 April includes 90 patients, who met inclusion and exclusion criteria. Randomly on the internet site https://www.randomizer.org/patients were divided into 3 groups. Before surgery all patients received intrathecally Sol.Bupivacaine 15–18 mg. Group I - control group. Group II and Group III received accordingly 0.1 and 0.2 mg of morphine intrathecally in addition to Bupivacaine. After surgery all patients had standardized multimodal analgesia. Rescue medication-Morphine 10 mg subcutaneously (if NRS>5). Pain level measured by NRS at rest in a 4h, 7h, 12h and 24h. Respiratory rate (RR, x/min), SpO2(%), rescue medication consumption, oxygen supply and adverse reactions (nausea, vomiting, itching, etc.) were noted during 24h. Data analysis performed using IBM SPSS 22.

Results Pain score in I, II and III groups accordingly: 4h: 1.21; 0.48; 0.17 (p = 0.076); 7h: 2.90; 1.00; 0.17 (p < 0.001); 12h: 3.33; 0.80; 0.37 (p < 0.001); 24h: 2.53; 1.17; 0.40 (p < 0.001). Rescue medication request (incidence, %): Group-I 77%; Group-II: 16.7%; Group-III: 13.3% (p < 0.001). RR (x/min): Group-I 16.1 (13.0; 20.0); Group-II: 15.2 (10.5; 19.0); Group-III: 15.4 (11.5; 21.5) (p > 0.05). SpO2(%): Group-I: 96.7% (92.0%; 100.0%); Group-II: 96.0% (92.0%; 99.5%); Group-III: 96.0% (91.0; 100). Incidence of morphine-related side-effects was not statistically significant: nausea & vomiting 10%(I), 23.3% (II), 10%(III). Statistically reliable itching only in the Group-III: 23% of patients (p < 0.001). No other adverse effects observed.

Conclusions Optimal dose of intrathecal morphine is 0.2 mg.