

#36424 **POST-SPINAL ANESTHESIA SHIVERING (PSAS) IN ELDERLY – COMPARISON OF THE EFFECTIVENESS OF THE PROPHYLACTIC ADMINISTRATION OF CLONIDINE AND PROPOFOL ALONE OR IN COMBINATION**

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**Please confirm that an ethics committee approval has been applied for or granted:** Not relevant (see information at the bottom of this page)

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**Background and Aims** Post-spinal shivering is a common side effect of spinal anesthesia, particularly in elderly patients. This prospective randomized double-blind controlled study has the purpose to explore the effectiveness and safety of low dose intravenous clonidine, propofol and clonidine plus propofol for prophylaxis of shivering in elderly undergoing lower abdominal surgery under spinal anesthesia

**Methods** 80 patients (ASA I-III, age > 65 years) scheduled for lower abdominal surgery under spinal anesthesia participated in the study. They were randomized to four groups, each of them with 20 patients, to receive 50µg clonidine (group C), 0,25 mg/kg propofol (group P), 50µg clonidine and 0,25 mg/kg propofol (group KP) and saline (group S). Drugs were administered after subarachnoid anesthesia with hyperbaric bupivacaine was performed. During surgery we recorded every 10' the incidence of shivering and its severity using Bedside Shivering Assessment Scale as primary endpoints. Secondary endpoints included the incidence of sedation and nausea/vomiting and the evaluation of hemodynamics during surgery. Student's t test was used for statistical interpretation considering  $p < 0,05$  as significant.

**Results** The incidence of shivering was significantly lower in groups CP ( $p < 0,001$ ), P ( $p < 0,05$ ), C ( $p < 0,005$ ) compared to placebo. Among the groups that received prophylactic medication, group CP showed an advantage documented by statistically relevant decrease of shivering incidence ( $p < 0,01$ ) compared to the other two groups. The incidence of sedation, the occurrence of nausea/vomiting and hemodynamic parameters registered similar values in all study groups.

**Conclusions** The combination of clonidine and propofol provide synergistic effects and is effective for controlling post-spinal anesthesia shivering in elderly.

#36340 **CARDIOVASCULAR TOXICITY: COMPARISON BETWEEN ROPIVACAINE AND BUPIVACAINE IN SPINAL ANESTHESIA**

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**Background and Aims** Ropivacaïne or 1-propyl-2', 6'-piperidylidide, is a non-racemic chiral amino-amide similar to Bupivacaïne in terms of structure. It differs from it by the substitution on its amine group of another group butyl replaced by a propyl group. It is considered as a pure S-levorotatory enantiomer of the molecule. Unlike Bupivacaïne, which is a racemic equimolecular mixture of the two enantiomers. The objective of our study is to integrate and to generalize the use of Ropivacaïne in spinal anesthesia.

**Methods** Descriptive prospective interventional comparative clinical study, for 120 adult patients were recruited and randomly divided into two groups (Ropivacaïne group and Bupivacaïne Group), 60 patients in each arm who were admitted to the operating room to undergo scheduled or urgent surgery requiring. The data collected are mainly the demographic and anthropometric characteristics. and perioperative hemodynamic parameters, namely: blood pressure (BP), heart rate (HR), incidence of acute toxicities cardiovascular. The data collected was analyzed by SPSS '20' software and Excel 2013 software.

**Results** 120 patients were included in our study, hemodynamic stability with the use of Ropivacaïne, with low cardiovascular toxicity compared to the Bupivacaïne group satisfaction in the Ropivacaïne group.

**Conclusions** The anesthetic drug type Ropivacaïne is promising for spinal anesthesia. The results found in our study are globally similar to those reported in the literature, which can conclude on the contribution of Ropivacaïne compared to Bupivacaïne in terms of efficacy and tolerance, with early ambulation. Finally, it can be used as a possible alternative to Bupivacaïne in loco regional anesthesia.

#36003 **HYPOXEMIA AFTER PRILOCAINE ADMINISTRATION – A METHEMOGLOBINEMIA CASE REPORT**

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**Background and Aims** With the SARS-CoV-2 pandemic, regional anesthesia techniques gained more impact because of the need to avoid airway manipulation. To assure a fast recovery and ambulation, prilocaine was used more frequently due to its fast onset and lower duration of action.

**Methods** We describe a case of methemoglobinemia in a patient submitted to a uterine aspiration after an abortion during the first trimester.

**Results** The patient weighted 50kg and had a medical history of ulcerative colitis medicated with sulfasalazine. She was anesthetized with spinal anesthesia with 60mg of hyperbaric prilocaine. After 17 minutes of the spinal technique the oxygen saturation dropped from 98-99% to 90% and a bluish discoloration on her lips was detected. With the assumption of a case of methemoglobinemia associated with prilocaine administration, methylene blue 1mg/kg was administered (50mg). The procedure was terminated, and she was admitted for surveillance. The case resolved with no complications.