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Analgesia in Day-Case ENT Surgery: The Efficacy of Lornoxicam

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Objectives

Pain management is important to facilitate early mobilization after surgery. It results in a shorter hospital stay therefore leading to an early discharge and patient satisfaction which are important goals in day-case surgery. The aim of this study was to demonstrate the perioperative analgesic efficacy of lornoxicam in minor to moderate day-case ENT surgical procedures.

Study design

Hundred and five (105) patients aged between 18 to 52 years (yr) were scheduled for day-case ENT surgery and were enrolled in this randomized, double-blind study. They were divided into three equal groups to receive intravenous (IV) lornoxicam 8 mg (group L8) or lornoxicam 16 mg (group L16) half an hour before induction or fentanyl 100 mg (group F) at induction of anesthesia. Mean arterial pressure (MAP), heart rate (HR), electrocardiography (ECG), oxygen saturation (SpO₂) and end-tidal capnography (EtCO₂) were recorded during the procedure. Pain, additional perioperative analgesic requirements, the incidence of postoperative nausea and vomiting (PONV) and any adverse events were recorded at 0.5, 1, 2, 3 and 4 hours postoperatively.

Results

There were no significant demographic differences between groups. Intra-operatively, the time to first analgesic requirement in group L8 was shorter compared to other groups, while postoperatively it was shorter in group F and group L8. Visual analog scale (VAS) was significantly greater at 40 minutes postoperatively in group F and in group L8. The incidence of PONV was significantly higher in group F and group L8.

Conclusion

Lornoxicam 16 mg is comparable to fentanyl as intra-operative IV analgesia but more effective than fentanyl in preventing early postoperative pain in patients undergoing minor to moderate day-case ENT surgical procedures.

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