

HEB

Comparative Study of Systemically and Perineurally administered Tramadol as an adjunct to Ropivacaine for Supraclavicular Brachial Plexus Block

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ABSTRACT

Background: The effect of tramadol as additive to local anesthetic in supraclavicular brachial plexus block is inconclusive in various studies. **Aims:** to compare the effects of tramadol perineurally administered (ultrasonogram guidance) to systemic administration as an adjunct to ropivacaine in supraclavicular block. **Material & Method:** A prospective, randomized controlled, double-blind study was undertaken in patients for upper limb surgeries under supraclavicular block. Permission from local Ethical committee was taken. A total of 96 patients, 32 patients in each of three groups were enrolled after taking written and informed consent from patient and received either of following drugs mixtures: Group R —R (0.5%)18ml + normal saline(NS) 7ml for block & NS-10ml I.V.; Group RS — R(0.5%) 18ml + NS 7ml mixture for block and T (100mg) diluted to 10ml I.V.; Group RP — R(0.5%) 18ml + T 2ml(100mg) + NS 5ml mixture for block & NS 10ml intravenously. All the data's were analyzed statistically using chi square for qualitative and ANOVA for quantitative data. **Results:**onset of sensory and motor block in group RP (5.59±1.37&8.31±1.55mins) was statistically significant faster as compared to both R (7.31±1.03&11.41±1.58) andRS (6.84±1.16 &10.41±1.36mins). Time of requirement of first rescue analgesic (Diclofenac) was significantly delayed in group RP (592.34±107.43 minutes) than group R (470.47±10 minutes) and RS (529.53±129.70 minutes). **Conclusion:**addition of tramadol to ropivacaine mixtures as an adjunct for block provides better postoperative analgesia for upper extremity surgery in comparison to control or systemic tramadol group without any side effects.

Key words: Analgesics, Brachial Plexus Block, Tramadol.

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