

Douleur, opiacés, monitoring de la nociception

ID: 279

Comparing the impact of intraperitoneal instillation of ropivacaine with hydrocortisone on postoperative pain after laparoscopic gynecological surgery

Y. Ellouze(1), R.Rhimi(2), M.Kamoun(3), M.Abdelmoula(2), S.Kbaili(4), A.Jarraya(3), K.Kolsi(2), H. Ketata*

(1) Docteur, Hopital Hedi Chaker Sfax Tunisie, Sfax, Tunisia , (2) Anesthésie réanimation, Hopital Hedi Chaker Sfax Tunisie, Sfax, Tunisia , (3) anesthésie réanimation, Hopital Hedi Chaker Sfax Tunisie, Sfax, Tunisia , (4) Gyneco-obstétrique, Hopital Hedi Chaker Sfax Tunisie, Sfax, Tunisia

**Auteur présenté comme orateur*

Position du problème et objectif(s) de l'étude:

Although it has known enormous progress having reduced the intensity of postoperative pain and the need for opioids, laparoscopic gynecological surgery is still responsible for a remarkable early postoperative pain which remains the concern of the anesthesiologist. The purpose of this study is to Compare the efficacy of intraperitoneal instillation (IP) of ropivacaine versus hydrocortisone hemisuccinate (HCHS) for pain relief following laparoscopic gynecological surgeries.

Matériel et méthodes:

It is a prospective, randomized, controlled, double-blind study, including 45 patients scheduled for laparoscopic gynecological surgeries, aged between 20 and 70, classified as ASA I or II. Patients were randomly assigned into 2 groups: ropivacaine (Groupe R) and HCHS (Groupe H). In group R, 22 patients received an IP instillation of 3 mg/kg of ropivacaine diluted in 250 ml of normal saline (NS) and in group H, 23 patients received an IP instillation of 100 mg of HCHS diluted in 250 ml of NS. Instillation was performed after completion of surgery and before exsufflation. The primary outcome was VAS score for pain at rest and on coughing over the first 24 hours postoperatively. The secondary outcomes were morphine requirements, time to first rescue analgesic request, total analgesic consumption, frequency of postoperative nausea and vomiting and consumption of antiemetics, postoperative hemodynamic stability, postoperative rehabilitation and the incidence of adverse effects.

Résultats & Discussion:

The two groups were similar with respect to demographic characteristics, preoperative anesthetic parameters, durations of surgery and anesthesia and intraoperative consumption of sufentanil. The patients were also similar regarding redistribution of types of surgical procedure and regarding factors increasing postoperative pain. No significant difference was reported between the two groups in terms of VAS scores at rest and during cough effort, postoperative consumption of morphine and rescue analgesics, time to first analgesic request, incidence of PONV, antiemetic consumption and postoperative rehabilitation. Furthermore, no complication attributable to ropivacaine or HCHS was objectified in either group.

Conclusion:

Intraperitoneal administration of hydrocortisone is as effective as ropivacaine to reduce pain and analgesic requirements after laparoscopic cholecystectomy.

Les auteurs déclarent ne pas avoir toute relation financière impliquant l'auteur ou ses proches (salaires, honoraires, soutien financier éducationnel) et susceptible d'affecter l'impartialité de la présentation.