Bloc des érecteurs du rachis - bloc paravertébral

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Dexamethasone as an adjuvant to Ropivacaine in wound infiltrationfor postoperative analgesia after spinal surgery: a randomized controlled trial

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Position du problème et objectif(s) de l'étude:
The aim of our study was to assess analgesic effects of dexamethasone used as an adjuvant to ropivacaine in wound infiltration following lumbar surgery.

Matériel et méthodes:
This is a randomized controlled double-blinded trial enrolled 60 patients, aged 18 years or older, scheduled for lumbar laminectomy and /or osteosynthesis. Patients were randomized to receive ropivacaine (control group) or dexamethasone added to ropivacaine (intervention group).
Post-operatively, all the patients had analgesia by morphine PCA. Primary judgment criteria was the first request of morphine. VAS scale at rest and first ambulation, postoperative analgesics consumption, length of hospital stay, patient satisfaction score and chronic pain transition were recorded. Side effects including allergic reaction, nausea, vomiting, wound infection, were also assessed.

Résultats & Discussion:
: The first press PCA morphine was earlier in the control group (180±18.9 min) than the intervention group (360±5 min).
Morphine requirement for the first 48 hours post-operative were 22.5 ±3.81 mg in the intervention group and 32.63±2.09 mg in the control group ($p < 0.05$).
The VAS scores were lower in the intervention group from 4 to 24 hours post operatively with a significant difference at the different times. Meanwhile, there was no difference in two groups at 48 h. Post operatively: five patients presented complications related to morphine without a significant difference between groups. Furthermore, no side effects of dexamethasone were identified. The length hospital of post-operative stay was shorter in the intervention group (3.17± 0,874 days) than the control group (4.17 ± 1.510 days) ($p<0.05$).

Conclusion:
The addition of dexamethasone to Ropivacaine provide a reduction in morphine consumption, better analgesia and lower effects as well as a shorter length of hospitalization without an effect on the chronic pain

Outcome	Control group	Intervention group	p value
VAS at rest			
H4	4.02 ±1.86	3.32 ±0.52	**<0.0001**
H6	5.19 ±1.33	3 ±0.96	**0.0000**
H12	3.16 ±0.83	2.43 ±0.65	**0.0001**
H24	3 ±0.2	2.1 ±1.0	**0.000**
VAS at first ambulation	4.86 ±1.0	2.7 ±0.6	**0.0001**
H48	2.8 ±0.7	2.6 ±0.5	**0.164**

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