

# Comparision of Intrathecal Hyperbaric Bupivacaine 0.5% with Fentanyl and Hyperbaric Bupivacaine 0.5% with Buprenorphine in Trans Urethral Resection of Prostate

**KEYWORDS** 

 $Bupiva caine, Fentanyl,\ Buprenorphine, Analgesia,\ Haemodynamic\ parameters$ 

Dr. G.VISALA,	Dr. G.PRATAP RAO
Associate Professor, Dept. of Anesthesiology, Kurnool Medical College, Kurnool.	Assistant Professor, Dept. of Anesthesiology, Kurnool Medical College, Kurnool.

# Dr.P.RAMAKRISHNA

Associate Professor, Dept. of Anesthesiology, Kurnool Medical College, Kurnool.

ABSTRACT
To compare the charecteristics of subarachnoid block of 0.5% of 3ml hyperbaric Bupivacaine heavy with 20µg Fentanyl versus 0.5% of 3ml hyperbaric Bupivacaine heavy with 60 µg Buprenorphine in subarachnoid block for Trans urethral resection of prostate in 60 patients. They were randomly divided in to two groups of 30 each. The onset of motor and sensory block was faster in fentanyl group campared to buprenorpine group. No significant difference was observed in haemodynamic parameters between both groups but associated with pruritis and post operative nausea and vomiting incidences were in lesser number.

### INTRODUCTION:-

The comparative study was conductedwith 0.5% of 3ml hyperbaric Bupivacaine heavy with20  $\mu$ g Fentanyl versus 0.5% of 3ml hyperbaric Bupivacaine heavy with 60 $\mu$ g Buprenorphine in 60 Patients. They were randomly divided into two groups of 30 each belongs to ASA grade I &II ,undergoing Trans Urethral Resection of Prostate ( TURP ) under S.A.Block.

Group-A : 3ml of 0.5% hyperbaric Bupivacaine + 20 $\mu$ g of Fentanyl in 30 patients

Group-B : 3ml of 0.5% hyperbaric Bupivacaine +60 $\mu$ g of Buprenorphine in 30 patients

Inclusion criteria:	Exclusion criteria:
1. ASA grade 1 and 2 patients.	1) Patients belonging to ASA grade 3 and 4
2. Age group of 50–70 yrs.	2) Physically dependant on narcotics.
3. Patients giving valid informed consent.	3) History of drug allergy.
4. Patients scheduled to	4) Gross spinal abnormality,
undergo Trans urethral	5) Localized skin sepsis,
resection of prostate under subarachnoid	6) Hemorrhagic diathesis
block.	7) Neurological involvement / diseases.

# **MATERIALS AND METHODS**

Patients were premedicated with tab alprazolam 0.5 mg and tab ranitidine 150 mg orally 12 hours before giving spinal anaesthesia. Preoperatively base line parameters like heart rate , blood pressure , respiratory rate recorded and intravenous line established with a large bore intravenous cannula in a large peripheral vein. All patients were preloaded with 1 litre of ringer lactate and premedicated with 1 mg of midazolam iv 30 minutes before procedure. Monitoredwith ECG, NIBP, Pulse oximeter. We observed & recorded the parameters like HR, BP, RR in every 2 min for the first 10 min and every 15 min there after . Onset, level, intensity of recovery of the sensory& motor block were analysed and tabulated.

# **OBSERVATIONS AND RESULTS**

Statistical analysis done and results expressed as mean & standard deviation with "P" value < 0.05 was considered statistically significant.

### AGE DISTRIBUTION

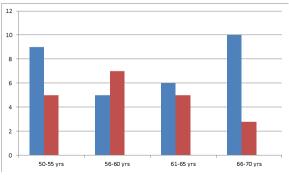
AGE	GROUP I	GROUPII
50-55 yrs	9	5
55-60 yrs	5	7
60-65 yrs	6	5
65-70 yrs	10	13

# STATISTICAL DATA

	GROUP A	GROUP B
Minimum	50	50
Maximum	70	70
Mean	61.7	63.5
Standard deviation	7.03	6.59
Standard error	1.28	1.20

The standard difference between means of 2 groups is 1.8 and P value is 0.3105, so it was not statistically significant value.

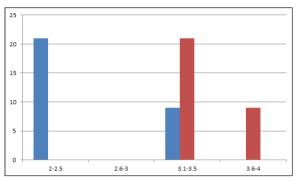
# AGE DISTRIBUTION AMONG STUDY GROUPS



### COMPARISION OF ONSET OF SENSORY BLOCKADE

	Group A	Group B
Minimum	2	3
Maximum	4	4
Mean	2.672	3.497
Standard deviation	0.476	0.352
Standard error	0.08	0.064

The standard difference of sensory block between two means was 0.825 and p value was 0.0001 which indicates the onset of action between two groups was significant.



### HIGHEST LEVEL OF SENSORY BLOCK

	GROUP A	Α	GROUP B	
SENSORY LEVEL	NO. OF PATIENTS	PERCENTAGE	NO. OF PATIENTS	PERCENTAGE
T4	1	3.33	0	0
T5	2	6.66	1	3.33
T6	10	33.33	8	26.66
T7	6	20	7	23.33
T8	4	13.33	6	20
T9	2	6.66	4	13.33
T10	5	16.66	4	13.33

The above table shows maximum level of sensory block up to T6 level in the two groups were 33.3% and 26.6% in group A and B respectively.

# TIME TO ATTAIN HIGHEST LEVEL OF SENSORY BLOCKADE

	Group A	Group B
Minimum	6	10
Maximum	16	18
Mean	10.56	13.5
Standard deviation	1.897	2.07
P value	0.0001	

It was 10.56 mts and 13.5 mts in group A and B respectively with P value of  $<\!0.05$  ,

found to be clinically and statistically significant.

### ONSET OF MOTOR BLOCK

	Group A	Group B
Minimum	2.5	3
maximum	4	4.5
mean	3.01	3.53
Standard deviation	0.359	0.435
P value	0.0001	

**This** table shows statistically and clinically significant (P<0.05) Variation between two groups. In onset of motor block.

### MEAN HEART RATE

TIME	GROUP	MEAN	STANDRD DEVIA- TION	STAND- ARD ERROR	P VALUE	N
Prespi- nal	Group A	80.87	18.44	3.37	0.345	30
	Group B	85.30	17.59	3.21		30
2 min	Group A	80.93	16.32	2.98	0.369	30
	Group B	84.77	16.50	3.01		30
5 min	Group A	72.73	12.58	2.30	0.068	30
	Group B	79.87	14.71	2.69		30
30 min	Group A	67.80	11.17	2.04	0.060	30
	Group B	76.33	13.54	2.47		30
45 min	Group A	68.40	9.24	4.13	0.388	5
	Group B	73.60	8.76	3.92		5
60 min	Group A	64.00	11.31	8.00	0.712	2
	Group B	68.00	5.66	4.00		2

The variations in heart rates between 2 groups were found to be statistically insignificant, P value 0.05.

### SYSTOLIC BLOOD PRESSURE

TIME	GROUP	N	MEAN	STAND- ARD DE- VIATION	STANDARD ERROR	P VALUE
Pre Spinal	Group A	30	135.13	14.29	2.61	0.625
	GroupB	30	137	15.12	2.76	
2 min	GroupA	30	123.27	14.84	2.71	0.829
	GroupB	30	124.07	13.63	2.49	
5min	GroupA	30	119.53	10.30	1.88	0.738
	GroupB	30	118.60	11.22	2.05	
30 min	GroupA	30	120.2	13.64	2.49	0.737
	GroupB	30	112.23	9.76	1.78	
45 min	GroupA	5	114	5.48	2.45	0.339
	GroupB	3	118.67	6.11	3.53	
60 min	GroupA	2	115	7.07	5.00	0.667
	GroupB	1	120			

The variations in Systolic BP between 2 groups were found to be statistically not significant (P>0.05).

### DIASTOLIC BLOOD PRESSURE

Time	Group	N	Mean	Standard deviation	P value
Prespinal	GroupA	30	82.3	6.006	0.8472
	GroupB	30	82	6.000	
2 min	GroupA	30	81.6	6.11	0.3449
	GroupB	30	83.1	6.090	
5 min	GroupA	30	76.06	6.18	0.1930
	GroupB	30	74	5.932	
30 min	GroupA	30	75.2	7.281	0.4949
	GroupB	30	74	6.21	
45 min	GroupA	5	78.8	3.487	0.001
	GroupB	3	69.33	2.494	
60 min	GroupA	2	79	3	
	GroupB	1	82		

The variation in Diastolic BP in between two groups were found to be statistically not significant ( p > 0.05)

### RESPIRATORY RATE

TIME	GROUP	N	MEAN	STAND- ARD DE- VIATION	STANDARD ERROR	P VALUE
Pre Spinal	GroupA	30	20.50	4.08	0.75	0.615
	GroupB	30	20.00	3.56	0.65	
2 min	GroupA	30	18.40	3.28	0.60	0.938
	GroupB	30	18.47	3.31	0.60	
5 min	GroupA	30	17.30	2.84	0.52	0.378
	GroupB	30	18.03	3.52	0.64	
30 min	GroupA	30	16.80	2.87	0.52	0.325
	GroupB	30	17.60	3.35	0.61	
45 min	GroupA	5	20.00	2.83	1.26	0.591
	GroupB	5	19.00	2.83	1.26	
60 min	GroupA	2	19.00	1.41	1.00	0.811
	GroupB	2	19.50	2.12	1.50	

The mean R-R variation in both groups were disclosed here, shows statistically insignificant value as P>0.05.

### **DURATION OF SURGERY**

	Group A	Group B
Minimum	30	30
Maximum	60	60
Mean	47.4	44.66
Standard deviation	12.04	11.54
P value	0.3719	

The above table shows duration of surgery for both groups,p value is 0.3719 so it is statistically significant regarding duration of surgery

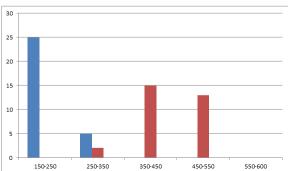
### COMPARISION OF DURATION OF ANALGESIA

The duration of analgesia was taken as time from complete pain relief to the time when patient first complained of pain and demanded additional dose of analgesia.

	Group A	Group B
Minimum	170	320
Maximum	280	560
Mean	224.5	446.8
Standard deviation	25.83	49.48
P value	0.0001	

The above table shows mean duration of analgesia in 2 groups, P value is 0.0001. so variation between 2 groups is statistically & clinically significant

### **DURATION OF ANALGESIA IN BOTH STUDY GROUPS**



### RECOVERY PARAMETERS

### TIME FOR SENSORY REGRESSION TO S1 IN MIN

	GROUP-A	GROUP-B
Minimum	180	300
Maximum	250	370
Mean	212.9	331.9
Standard deviation	17.411	22.529
P value	0.0001	

The above table shows time for sensory regression up to S1 between two groups displace the clinically and statistically significant variation with p value <0.05.

# TIME FOR RECOVERY FROM MOTOR BLOCKADE IN MINUTES

	Group-A	Group-B
Minimum	182	296
Maximum	256	364
Mean	217.2	328.3
Standard deviation	14.66	17.42
P value	0.0001	

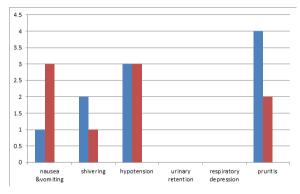
The above table shows statistically significant variation between two groups with p value of <0.05.

### POST OPERATIVE COMPLICATIONS

ADVERSE EFFECTS	GROUP A	GROUP B
Nausea & vomiting	1	3
Shivering	2	1
Hypotension	3	3
Urinary retention	0	0
Respiratory depression	Nil	Nil
Pruritis	4	2
Dural puncture headache	nil	Nil

This table reveals more pruritis in group A patients and more nausea and vomiting in group B patients

### **COMPLICATIONS AMONG BOTH GROUPS**



### DISCUSSION

Neuraxial administration of opioids along with local anaesthetics improves quality of intra operative analgesia and also provides post operative pain relief for longer duration. Fentanyl, a highly lipophilic opioid, has rapid onset of action following intrathecal administration. It is associated with fewer side effects Buprenorphine a higly lipophilic opioid has slow onset of action and prolonged anaesthesia and fewer side effects compared to fentanyl

### Onset of action

Onset of sensory blockade was 2.672 min in group (A) and 3.497 min in group (B) .Statistical comparison between 2 groups was found to be significant (P > 0.05).so the onset of sensory block in Group A is earlier when compared to Group B as in FA Khan et al<sup>1</sup> . The onset, duration, quality of block was faster in group A than group B as in Fauzi-

abano et al<sup>2</sup>.

### Highest level of sensory block :

It was up to T4 in group A and T5 in group B, But majority of patients of both groups were reached up to T6.

### Time taken to attain highest sensory level:

It was 10.56mts in group A and 13.5mts in group B, correlates with the findings of FA Khan et al<sup>1</sup>, as lesser time taken to attain heighest sensory level block in fentanyl group than bruprenorphine group.

#### Time taken for onset of motor blockade:

In our study it was 3.01 min in group A & 3.53 min in group B reveals less time taken for onset of motor block as in FA Khan etal<sup>1</sup>.

Haemodynamic parameters;- Our study shows no significant difference in HR, RR,SBP.DBP between two groups,correlates with J.Koet al<sup>3</sup>, KristiinaS.Kuusniemieta et al<sup>4</sup>, AM Kornohenetal<sup>5</sup>, Catherine O Hunt et al<sup>6</sup>, Jaishri-Bogra et al<sup>7</sup>, K.Jain et al<sup>8</sup>.

### **DURATION OF ANALGESIA:**

The mean duration of analgesia for Group A is 224.5 min and for Group B is 446.8 min hence buprenorphine has prolonged analgesic effect compared to fentanyl as in Sapkal et al<sup>9</sup>, sumil Dixit et al<sup>10</sup>, SoumyaSamal et al<sup>11</sup>.

### **COMPLICATIONS:**

# NAUSEA &VOMITING:

In our study nausea & vomiting occurred in 3 cases in Group B & 1 case in GroupA

### **RESPIRATORY DEPRESSION:**

None of the patients in our study group experienced respiratory depression.

Shivering, Hypotension and Urinary retention were occurred equally in both groups.

# PRURITIS:

Observed in 4 cases of Group A& 2 cases of Group B

# POST DURAL PUNCTURE HEADACHE:

Not observed in both groups Thus in our study post operative nausea & vomiting is more in buprenorphine group &pruritis is more in fentanyl group.

#### RECOVERY PARAMETERS:

### TIME FOR SENSORY REGRESSION TO S1:

In our study mean time for sensory regression to s1 is 212.9 min in group A & 331.9 min in group B .statistical comparison between 2 groups is significant because p value is <0.05

Thus fentanyl group has early sensory regression to s1 compared to buprenorphine.

# TIME FOR COMPLETE RECOVERY OF MOTOR BLOCKADE:

In our study the mean time for Motor recovery is 217.2 min in group A & 328.3 min in group B .statistical comparison of both groups is significant p<0.05

Recovery from motor block is earlier in fentanyl group compared to buprenorphine group.

### **SUMMARY**

Onset of motor & sensory block was observed to be faster with Fentanyl group compared to Buprenorphine group. No significantHaemodynamic parameters were changednin both groups.Time for sensory regression to S1,complete recovery of motor block,duration of complete analgesia,post operative analgesia were prolonged in Buprenorphine group when compared to Fentanyl.group. Pruritis common in Fentanyl group & Post operative nausea & vomiting common in Buprenorphine group. Other parameters and side effects were occurred in very lesser or never occurred in both groups like shivereing, hypotension, urinary retention and PDPH etc.

#### CONCLUSION

Our study clearly shows that bupivacaine with fentanyl has very early onset of analgesia and shorter duration of analgesia; where as bupivacaine with buprenorphine group shows delayed onset of action and prolonged duration of analgesia

REFERENCE

1.Khan FA, Hamdani GA. Comparision of intrathecal fentanyl and buprenorphine in urological surgeries. J Pak Med Assoc 2006; 56(6): 277-81. 2.Fazia bano, saleem saber, safiazafar, MirzaNazir et al, intrathecal fentanyl as adjunct to hyperbaric bupivacaine in anaesthesia fir caesarean section, JCPSP 2006, Vol16(2);87-90. 3.J.ko, H.K.Lee and I.W.shin, the effect of fentanyl added to different dose of intrathecal bupivacaine on spinal anaesthesia duration, RegAnaesth Pain Med 2005 (5), supplement 1; 303-310. 4.Kristiina S.Kuusniemi, Kalevik. Pihalaaamaki, MikkoT.Pitkanen, MD, Hansy, Helenius and Olli A.Kirvela, The use of Bupivacaine and fentanyl for Spinal anaesthesia for Urologic surgery, AnaesthAnalg 2000(91);1452-1456. 5.A.M Korhonen, J V Valanne, R M Jokela, P Ravaska and K Kortilla, intrathecal hyperbaric Bupivacaine 3mg with fentanyl 10 micro.gm for out patients knee arthroscopy with tourniquet, ActaAnaestesiol Scand, 2003(47);342-346. 6.Catherine O Hunt, J Stephen Naulty et al, perioperative analgesia with sub arachnoid fentanyl -Bupivacaine for caesarean delivery. Anesthesiology 1992(17);653-657. 7.JaishriBogra, NamitaArora and PratimaSrivastava, Synergestic effect of intrathecal fentanyl and Bupivacaine in spinal anaesthesia. 8.K Jain, V K Grover, R Maharaj and Y K Batra, effect of varying doses of fentanyl with low dose spinal Bupivacaine for caesarean delivery in pregnancy induced hypertension.Int J Obst Anaesth, 2004;13(4);215-220 9.SapkalPravin S, KulkarniKalyani D, RajurkarSampda S, NandedkarPrerna D.Comparative study of intrathecal clonidine and intrathecal buprenorphine for postoperative analgesia after lowerilmborthopaedic surgery, JJCRR.2013;5(6);87-91. 10. Sunil Dixit, Post operative analgesia after caesarean section: an experience with intrathecal buprenorphine. Indian Journal of Anaesthesia2007;51(6):515-518. 11. SoumyaSamal, P. Rani, Chandrasekar LJ and Saubhagya Kumar Jena. Intrathecalbuprenophine or intrathecaldexmedetomidine for post operative analgesia after lowerilmborthopaede