



Anaesthesiology

CLINICAL COMPARISON OF INTRAVENOUS TRAMADOL VERSUS KETAMINE FOR PREVENTION OF SHIVERING FOLLOWING SPINAL ANAESTHESIA

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ABSTRACT

Background: Post-spinal shivering is a common complication of spinal anaesthesia, increasing oxygen consumption and patient discomfort. **Objective:** To compare intravenous tramadol and ketamine for prevention of post-spinal shivering. **Materials and Methods:** Prospective randomized study of 30 ASA I–II patients (18–60 years) undergoing elective lower abdominal/lower limb surgery under spinal anaesthesia. Group T received tramadol 50 mg IV; Group K received ketamine 0.5 mg/kg IV before spinal anaesthesia. Shivering was assessed using the Bedside Shivering Assessment Scale for 90 minutes. **Results:** Shivering occurred in 20% (tramadol) and 13.3% (ketamine). Mean BSAS scores were 0.8 ± 0.6 and 0.6 ± 0.5 ($p=0.3364$). Tramadol caused more nausea/vomiting, while ketamine caused mild sedation and occasional hallucinations. Haemodynamics remained stable. **Conclusion:** Both drugs effectively prevented post-spinal shivering. Ketamine showed comparable efficacy with fewer gastrointestinal adverse effects and is a useful alternative.

KEYWORDS : Spinal anaesthesia; Shivering; Tramadol; Ketamine; BSAS.**REFERENCES**

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