

RECOMMENDATIONS

In patients undergoing laparoscopic cholecystectomy:

1. Intravenous ondansetron (4mg) is recommended as a routine premedication before spinal anaesthesia to reduce the incidence of hypotension, bradycardia, nausea and vomiting.
2. More studies are needed to evaluate effects of ondansetron premedication in patients undergoing surgeries other than LC under spinal anaesthesia.

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تأثير عقار الأوندانسترون لتقليل انخفاض ضغط الدم الناتج عن التخدير تحت الأم العنكبوتية العنكبوتية في حالات استئصال المرارة بالمنظار

الملخص العربي

• الهدف من البحث:

هدف هذا البحث كان دراسة تأثير عقار الأوندانسترون لتقليل انخفاض ضغط الدم الناتج عن التخدير تحت الأم العنكبوتية في حالات استئصال المرارة بالمنظار .

• المرضى :

أجريت هذه الدراسة على ٤٠ مريضاً بالغاً من الجنسين داخل المستشفى الجامعي بالاسكندرية وقد تم إعداد هؤلاء المرضى لإجراء استئصال المرارة بالمنظار عن طريق التخدير الشوكي. تم تقسيم المرضى عشوائياً إلى مجموعتين متساويتين (٢٠ مريض في كل مجموعة).

- المجموعة الأولى : شملت ٢٠ مريضاً تم اعطائهم ٤مجم من عقار الأوندانسترون المحلل بمحلول ملحي (١٠ مل) قبل التخدير تحت الأم العنكبوتية بخمس دقائق.

- المجموعة الثانية : شملت ٢٠ مريضاً تم اعطائهم محلول ملحي (١٠ مل) قبل التخدير تحت الأم العنكبوتية بخمس دقائق.

• طريقة البحث :

تم تقييم المرضى قبل اجراء التدخل الجراحي عن طريق السؤال عن التاريخ المرضي والأمراض المصاحبة ان وجدت ثم توقيع الكشف الاكلينيكي و اجراء التحاليل والفحوصات المطلوبة. تم اتصال المريض بجهاز لقياس العلامات الحيوية قبل اجراء التخدير الشوكي بواسطة نفس طبيب التخدير واعطاء المريض العقار المستخدم حسب المجموعات المذكورة سابقاً.

تم ملاحظة العمر، الجنس، الوزن، مدة العملية ثم أجريت القياسات التالية:

١ - معدل النبض في الدقيقة.

٢ - متوسط ضغط الدم الشرياني.

٣ - نسبة تشبع الدم الشرياني بالأكسجين.

وقد تمت القياسات قبل التخدير الشوكي ثم عند ٥، ١٠، ١٥ ثم كل ١٥ دقيقة حتى انتهاء زمن العملية بحد اقصى ساعتان ثم كل ساعة لمدة ٦ ساعات بعد العملية.

٤ - تم قياس نسبة غاز ثاني أكسيد الكربون في اثناء الزفير بعد التخدير الشوكي مباشرة ثم كل ١٥ دقيقة من بداية بدء العملية وحتى مرور ساعتين.

- ٥- تم قياس معدل حدوث الغثيان والقيء كل ١٥ دقيقة من بداية العملية حتي انتهائها وبمعدل كل ساعة لمدة ٦ ساعات بعد العملية.
- ٦- تم قياس معدل السكون للمرضي كل ١٥ دقيقة من بداية العملية حتي انتهائها وبمعدل كل ساعة لمدة ٦ ساعات بعد العملية.
- ٧- تم قياس معدل الاستحسان للمرضي بعد انتهاء العملية.
- ٨- تم قياس معدل الاستحسان للجراحين بعد انتهاء العملية.
- ٩- تم ملاحظة وتسجيل المضاعفات التي حدثت أثناء وبعد العملية.

• النتائج :

لوحظ من هذه الدراسة الآتي:

- ١- عدم وجود اختلافات ملحوظة بين المجموعتين بالنسبة إلى العمر، الجنس، الوزن أو مدة العملية.
- ٢- معدل النبض كان أقل في المجموعة الثانية بالمقارنة بالمجموعة الأولى بصورة ملحوظة عند زمن ١٠/١٥/١١/١٥/٣٠/٤٥/٦٠/٧٥/٩٠/١٠٥/١٢٠ دقيقة بعد التخدير الشوكي أثناء العملية وبعد مرور ساعة بعد انتهاء العملية مع عدم وجود اية اختلافات ملحوظة عدا ذلك.
- ٣- معدل ضغط الدم الشرياني كان أقل في المجموعة الثانية عنه في المجموعة الأولى بصورة ملحوظة عند زمن ١٠/١٥/٣٠/٤٥/٦٠/٧٥/٩٠/١٠٥/١٢٠ دقيقة بعد التخدير الشوكي أثناء العملية مع عدم وجود اية اختلافات ملحوظة عدا ذلك.
- ٤- عدم وجود اختلافات احصائية ملحوظة بالنسبة لمعدل تشبع الدم الشرياني بالأكسجين أثناء العملية أو بعد انتهائها بين المجموعتين.
- ٥- عدم وجود اختلافات احصائية ملحوظة بالنسبة الي قياس نسبة غاز ثاني أكسيد الكربون في أثناء الزفير أثناء العملية بين المجموعتين.
- ٦- معدل حدوث الغثيان والقيء كان أعلى بصورة ملحوظة احصائيا في المجموعة الثانية عنه في المجموعة الأولى عند ١٥/٤٥/٧٥ دقيقة بعد التخدير الشوكي أثناء العملية وعند ٥ ساعات بعد انتهاء العملية مع عدم وجود أية اختلافات ملحوظة أخرى بين المجموعتين.
- ٧- عدم وجود اختلافات احصائية ملحوظة بالنسبة لمعدل السكون للمرضي أثناء العملية أو بعد انتهائها بين المجموعتين.
- ٨- معدل الاستحسان للمرضي كان أعلى في المجموعة الأولى عنه في المجموعة الثانية بصورة ملحوظة.
- ٩- معدل الاستحسان للجراحين كان أعلى في المجموعة الأولى عنه في المجموعة الثانية بصورة ملحوظة.
- ١٠- المضاعفات التي حدثت أثناء العملية كانت كالتالي :

في المجموعة الاولى: ١٠% من المرضي شعروا بالألم في الكتف مع عدم وجود أية حالات من هبوط بالتنفس، الأم الصدر، الصداغ بعد التخدير الشوكي ، احتباس بولي أو الاحساس بالحكة بالجلد.

في المجموعة الثانية: ٥ % من المرضى شعروا بالألم في الكتف و٥% شعروا بالصداع بعد التخدير الشوكي مع عدم وجود أية حالات من هبوط بالتنفس، ألم الصدر، الاحتباس البولي أو الاحساس بالحكة بالجلد.

• الاستنتاجات :

- ١- اعطاء ٤ مجم وريدي من عقار الاوندانسيرون يقلل من انخفاض ضغط الدم الشرياني و يقلل من هبوط معدل ضربات القلب الناتج بعد التخدير الشوكي.
- ٢- اعطاء ٤ مجم وريدي من عقار الاوندانسيرون يقلل من الشعور بالغثيان والقيء بعد التخدير الشوكي.

• التوصيات:

- ١- اعطاء ٤مجم وريدي من عقار الاوندانسيرون قبل بدء العملية لتقليل انخفاض ضغط الدم الشرياني المصاحب للتخدير الشوكي.
- ٢- دراسة تأثير جرعات مختلفة من عقار الاوندانسيرون علي معدل ضغط الدم الشرياني أثناء التخدير الشوكي.