

RECOMMENDATIONS

- 1- We recommended the use of IV granisetron as alternative to pethidine, ketamine, clonidine and magnesium sulphate for prevention of post spinal hypotension and shivering in patients undergoing elective caesarean section under spinal anaesthesia.
- 2- We recommended the use of IV granisetron for prevention of nausea and vomiting in caesarean section under spinal anaesthesia and try using the drug as antiemetic in other type of surgery.
- 3- Future studies should be designed to compare different doses of granisetron as regarding haemodynamics and anti-shivering properties.
- 4- Future studies should be designed to study the anti-shivering and haemodynamic effect of granisetron in other type of surgery under general anaesthesia.
- 5- Future studies should be done on other agent or technique to prevent hypotension and shivering in patients undergoing elective caesarean section under spinal anaesthesia.

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المخلص العربي

إن التخدير النصفي للولادة القيصرية الأجله له مزايا كثيره منها كونه سريع المفعول ،جرعه واحده، طريقته سهله ويحتاج لجرعه اقل من التخدير الموضعي ومع ذلك يعطي مفعول اقوي ،يقلل من تعرض الجنين لمثبطات الجهاز التنفسي ،يقلل من عرضه الام للشرقه، يتيح فرصه للام كي تري طفلها كما انه يعمل كمسكن بعد العمليه.

يعتبر انخفاض ضغط الدم احد اهم المشاكل بعد التخدير النصفي للولاده القيصرية. وذلك لكونه يهدد صحه الام وطفلها. ان انخفاض ضغط الدم لفته وجيزه للام قد يودي الي تقليل الوظائف الحيويه للطفل.

حيث ان التخدير النصفي للولاده القيصرية يقدم كثير من المزايا قد تمت كثير من الدراسات لعلاج ضغط الدم والرعه الناتج عن التخدير النصفي.

أهداف الرسالة:

الهدف من هذا البحث هو دراسته تأثير الحقن الوريدي لعقار الجرانيسيترون ١ ميلليجرام علي انخفاض ضغط الدم والرعه الناتج عن التخدير النصفي عند المرضى الخاضعين للولاده القيصرية الأجله.

المرضي:

وقد تمت هذه الدراسه في قسم التخدير بمستشفيات الشاطبي الجامعي علي ٦٠ مريضا تتراوح أعمارهم ما بين ٢٠-٤٠ سنه مجدولين لإجراء جراحه قيصرية مخطط لها تحت التخدير النصفي وذلك بعد الحصول علي تصريح كتابي بالموافقه من كل المرضى المشاركين في الدراسه.

وقد تم تقسيم المرضى عشوائيا الي مجموعتين متساويتين (٣٠ مريضا بكل مجموعه) حسب العقار المستخدم :

- ١- المرضى في المجموعه الاولى (مجموعه ج) تلقت عقار الجرانيسيترون ١ ميلليجرام وريدي مخففه في ١٠ مل من محلول ملحي .
- ٢- المرضى في المجموعه الثانيه (مجموعه س) تلقت محلول ملحي ١٠ مل وريدي .

طريقه البحث:

- تم تركيب قنيه وريديه مقاس ١٨ في اليد غير المهيمنه، ثم تم اعطاء جميع المرضى ٥٠٠ مل من المحاليل عن طريق السريان الوريدي وذلك قبل اعطاء التخدير النصفي .
- تم تقسيم المرضى عشوائيا الي مجموعتين متساويتين :المجموعه الاولى (مجموعه ج) تلقت عقار الجرانيسيترون ١ ميلليجرام مخففه في ١٠ مل محلول ملحي، والمجموعه الثانيه (مجموعه س) تلقت ١٠ مل محلول ملحي وذلك ٥ دقائق قبل اعطاء التخدير النصفي .
- تم إعطاء التخدير النصفي بإستخدام عقار الماركين ذي الكثافه العاليه بجرعه ٥، ١٢ ميلليجرام .
- تم تركيب قسطره بول لجميع المرضى .
- إستنشاق الأوكسجين النقي بمعدل ٤ لتر في الدقيقه.

في حاله حدوث انخفاض في ضغط الدم اكثر من ٢٠% من القيمه الاساسيه للضغط يتم اعطاء افدرين ٦ ميلليجرام وريدي

أما في حاله حدوث بطء في ضربات القلب اقل من ٥٠ دقه في الدقيقه يتم اعطاء ٤، الأتروبين وريدي .

القياسات المستخدمه:

(١) العلامات الحيويه:

- معدل النبض (دقه/الدقيقه).

- ضغط الدم الشرياني (مل زئبق).
- نسبه تشبع الدم بالاكسجين.

واخذت هذه القياسات في الاوقات التاليه:

- قبل عمليه التخدير النصفى .
- مباشره بعد عمليه التخدير النصفى .
- ثم كل دقيقتين أول ٢٠ دقيقه بعد التخدير النصفى .

(٢) حالات انخفاض ضغط الدم .

(٣) الجرعه الاجماليه من الايفيدرين التي أعطيت للمرضى .

(٤) حالات حدوث القيء والغثيان .

(٥) حالات حدوث الرعشه .

(٦) حالات حدوث المضاعفات.

نتائج البحث:

- لم يكن هناك إختلاف ذو دلالة احصائية عند مقارنة المجموعتين مباشره قبل التخدير النصفى وبعد التخدير النصفى وعلي مدار فتره المتابعه من حيث العمر والوزن ومدته العمليه.
- من حيث معدل النبض: لم يكن هناك إختلاف ذو دلالة احصائية عند مقارنة المجموعتين مباشره قبل التخدير النصفى وبعد التخدير النصفى وعلي مدار فتره المتابعه.
- من حيث ضغط الدم الشرياني: يوجد فرق ذات دلالة احصائية بين المجموعه (س) والمجموعه (ج) من حيث انخفاض ضغط الدم الشرياني علي جميع الفترات الزمنيه للعمليه. ولكن المجموعه (س) كان انخفاض ضغط الدم اكثر من المجموعه (ج) .
- من حيث تشبع الدم بالاكسجين: لم يكن هناك إختلاف ذو دلالة احصائية عند مقارنة المجموعتين.
- الجرعه الاجماليه من الايفيدرين التي أعطيت للمرضى: فيما يتعلق بالحاجه لإعطاء عقار الايفيدرين، يوجد فرق ذو دلالة احصائية بين المجموعتين حيث ان هناك ٢١ من ٣٠ حاله تعرضت لانخفاض ضغط الدم واخذ عقار الإفدرين في المجموعه (س)، بينما ١٢ من ٣٠ تعرضت لإنخفاض ضغط الدم وأخذ عقار الإفدرين.
- من حيث حدوث القيء والغثيان: فيما يتعلق بحدوث القيء والغثيان، أنها أظهرت انه هناك ٧ مريضه من ٣٠ مريضه قد عانت من الغثيان أو القيء في المجموعه (ج)، في حين كانت هناك ١٩ حاله من اصل ٣٠ مريضه في المجموعه (س) شهدت حدوث الغثيان بدرجه خفيفه الي معتدله والميل الي القيء.
- من حيث حدوث الرعشه: فيما يتعلق بحدوث الرعشه، أنها أظهرت إحصائيا أن مجموعه (ج) أقل عرضه لحدوث الرعشه من مجموعه (س).

الإستنتاج:

الجرانيسيترون ١ ميلليجرام ، يعطي وريدي ٥ دقائق قبل إعطاء التخدير النصفى يقلل من إنخفاض ضغط الدم ، إستخدام رافع التوتر الوعائي والرعشه للمرضى الذين يخضعون للعمليات القيصريه الاختياريه.

التوصيات:

- إعطاء الجرانيسيترون ١ ميلليجرام عن طريق الوريد ٥ دقائق قبل التخدير النصفى لتقليل نسبه حدوث إنخفاض ضغط الدم ، واستخدم رافع للتوتر الوعائي والوقايه من الغثيان والقيء.
- المقارنه بين الجرعات المختلفه لعقار الجرانيسيترون ودراسه تأثيره علي ضغط الدم والرعشه الناتجه عن التخدير النصفى.
- دراسه تأثير عقار الجرانيسيترون علي الضغط والرعشه في عمليات اخري وتحت تأثير المخدر الكلي.



جامعة الإسكندرية
كلية الطب
قسم التخدير والعناية المركزة الجراحية

تأثير الحقن الوريدي لعقار الجرانسيترون على انخفاض ضغط الدم والرعشه
الناتج عن التخدير النصفى عند المرضى الخاضعين للولاده القيصرية الاجله

رسالة مقدمة

لقسم التخدير والعناية المركزة الجراحية - كلية الطب - جامعة الإسكندرية
ضمن متطلبات درجة

الماجستير

فى

التخدير والعناية المركزة الجراحية

من

سارة محمود عفيفي

بكالوريوس الطب والجراحة ، ٢٠٠٨
كلية الطب، جامعة الإسكندرية

[٢٠١٥]



جامعة الإسكندرية
كلية الطب
قسم التخدير والعناية المركزة الجراحية

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الناتج عن التخدير النصفى عند المرضى الخاضعين للولادة القيصرية الاجله

رسالة مقدمة من

سارة محمود عفيفي

للحصول على درجة

الماجستير

فى

التخدير والعناية المركزة الجراحية

التوقيع

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لجنة المناقشة والحكم على الرسالة

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مدرس التخدير والعناية المركزة الجراحية
قسم التخدير والعناية المركزة الجراحية
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