

METHODS

Preoperative evaluation, preparation and premedication:

Evaluation of the patients was carried out through:

1. Proper history taking and clinical examination, to exclude cardiovascular, respiratory, neurological, metabolic diseases and suspected difficult intubation.
2. Routine laboratory investigations include:
 - Complete blood count (CBC).
 - Haemostatic profile study:
 - Bleeding time.
 - Clotting time.
 - Partial thromboplastin time (PTT).
 - Prothrombin activity.
 - Blood urea and blood creatinine.
 - Fasting blood glucose.
 - Liver enzymes (ALT, AST).
3. Electrocardiography for patients above 40 years old.

Anaesthetic technique:

- A 20 – gauge cannula was inserted in the ward.
- Patient received either clonidine 0.2 mg or pregabalin 150 mg. All the medications was provided by hospital pharmacy, were in closed envelope, and were administered orally, in the ward 90 min before induction of anaesthesia with sips of water by a nurse who is not involved in the study.
- In the operating room, each patient was attached to a multi-channel monitor (Trakmon kontron limited - England) to display:
 - Continuous ECG monitoring for detection of dysrhythmias (lead II).
 - Heart rate (beats /min).
 - Non-invasive arterial blood pressure (mmHg): mean arterial blood pressure (MAP), systolic arterial blood pressure (SAP) and diastolic arterial blood pressure (DAP).
 - Arterial oxygen saturation (SpO₂).
- Anaesthesia technique was standardized in both groups. Patients were induced with fentanyl 1 µg/kg and propofol 2 mg/kg.
- Orotracheal intubation was facilitated by cisatracurium 0.2 mg/kg with minimum possible duration which was similar for all patients.
- Anaesthesia was maintained with isoflurane 1%-1.5% in 100% oxygen, maintenance dose of cisatracurium 0.02 mg/kg every 30 minute and IPPV.
- At the end of surgery, residual neuromuscular paralysis was antagonized with neostigmine 0.04-0.08 mg/kg and atropine 0.01 mg/kg.
- After satisfactory recovery according to the modified Aldrete score⁽⁵⁸⁾, patients were extubated and were fast-tracked to the ward when their score was ≥ 9 .

Measurements

The following parameters were measured:

A. Hemodynamic Parameters:

- Heart rate (beats / min) using lead II electrocardiogram (ECG) waves.
- Mean arterial blood pressure: (MABP) will be measured in mmHg.
- Arterial oxygen saturation (SpO₂): using pulse oximeter.

These were monitored continuously and recorded at the following times:

- Before premedication.
- Before and after induction.
- At 2 minute interval until 10 minutes after intubation.
- Thereafter, these changes were recorded at 15 minutes intervals.
- 10 minutes after extubation.

B. Level Of Sedation:

Sedation and anxiety levels were detected before premedication and before induction using 10 cm visual analogue scale ⁽⁵⁹⁾:

10 cm visual analogue scale for sedation (fully awake to extremely drowsy) and anxiety (fully calm to worst possible drowsy) will be completed for each patient.

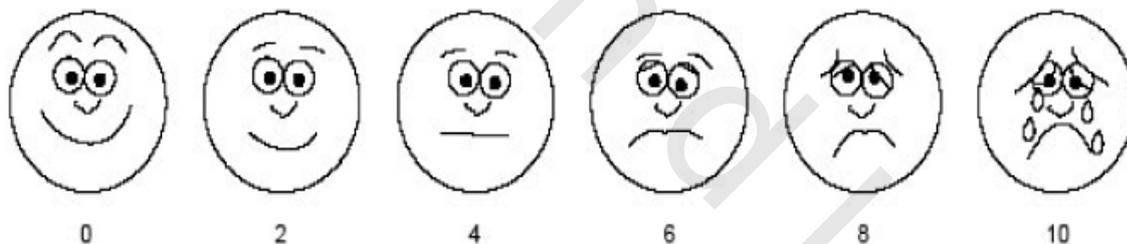


Figure (2): Visual analogue scale

Statistical analysis of the data ⁽⁶⁰⁾

Data were fed to the computer and analyzed using IBM SPSS software package version 20.0⁽⁶¹⁾ Qualitative data were described using number and percent. Quantitative data were described using range (minimum and maximum), mean, standard deviation and median. Comparison between different groups regarding categorical variables was tested using Chi-square test. The distributions of quantitative variables were tested for normality. If it reveals normal data distribution, parametric tests was applied. If the data were abnormally distributed, non-parametric tests were used. For normally distributed data, comparison between two independent population were done using independent t-test, comparison between different periods using ANOVA with repeated measures and Post Hoc test was assessed using Bonferroni adjusted. Significance of the obtained results was judged at the 5% level.