S(+)-KETAMINA AND PRE-EMPTIVE ANALGESIA IN REDUCTION MAMMAPLASTY

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AIM OF THE STUDY Pre-emptive analgesia is an antinociceptive treatment that prevents altered central excitability from high intensity noxious stimuli. The aim of this study was to evaluate the efficacy of pre-emptive analgesia in patients due to have elective breast reduction that usually requires drugs for postoperative pain control. METHODS Forty women, ASA physical status I-II, were randomly divided into two groups: 20 patients, received S(+)-ketamine 0.5 mg/kg in normal saline, IV bolus before the start of surgery, followed by a continuing infusion of S(+)-ketamine 2 μg/kg/min until skin closure plus adrenaline 1/200000 in normal saline, 100 ml on each side, before the skin incision; group B (placebo), 20 patients, received the same volume IV bolus of only normal saline, followed by continuing infusion of normal saline and had infiltration with normal saline, 100 ml on each side with adrenaline 1/200000 alone. Postoperative pain was evaluated by an observer who was unaware of the treatment given, and scored on a visual analogue score (VAS) during the first 72 hours postoperatively. analgesic requirements were recorded. CONCLUSION There was a statistically significant difference between groups in the amount of additional pain control required during the early postoperative period, which suggests that pre-emptive analgesia with S(+)-ketamine reduces pain after reduction mammaplasty.

Bibliografia

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