

precautions to be taken while administering spinal anesthesia in patients especially above the age of 40 as the higher incidence of hypotension can lead to deleterious cardiovascular effects, other end organ damage, and even sudden death.

Conclusion

1. Hypotension occurring during spinal anesthesia for orthopedic surgeries is the most common side effect of this type of anesthesia. This may require specific prevention and treatment measures which purely depend on the individual.

2. Female gender is a high risk factor for early hypertension within the first 30 minutes after SA.

3. Spinal anesthesia induced hypotension in orthopedic patients follows classic patterns of blood pressure.

4. There was no statistically significant difference in the incidence of hypotension occurrence between orthopedic surgeries as to other surgeries such as vascular surgeries.

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EARLY POST OPERATIVE NAUSEA AND VOMITING IN PATIENT WITH SURGICAL INTERVENTIONS IN ABDOMEN REGION GUIDED WITH PROPOFOL

Introduction

Nausea and emetic episodes still persist as the most Common complaints following anaesthesia and surgery. Many adults find postoperative nausea and vomiting (PONV) even More distressing than postoperative pain. The overall incidence of postoperative nausea and vomiting in the recovery room is around 10 % but ranges from 20 to 30 % during the first 24 h after surgery according to recent reports. Despite the advances in modern anesthetic practice and surgical techniques, there is still room for improvement in identifying the causative factors as well as in the prophylaxis and treatment of this problem [1]. Studies in children and adults suggest that postoperative emetic sequelae occur less frequently with propofol [2]. The evidence is that propofol has only a minimal effect on vomiting in paediatric strabismus surgery, a clinical situation with a particularly high risk of PONV. Some studies shows the evidence that propofol, when used for induction or maintenance of anaesthesia, decreases the incidence of PONV compared with other anaesthetic techniques. Propofol is thought to be antiemetic and therefore

useful to decrease the incidence of postoperative nausea and vomiting (PONV). However, the mechanism of its effect on PONV is obscure. Interpretations range from propofol being less emetogenic than other anaesthetics to being directly antiemetic. When given in subanaesthetic doses after surgery either as prophylaxis or as treatment, results were contradictory [3].

Goal

This study aimed to check that the administration of propofol decreases the complications of PONV or not.

Materials and methods of research

Retrospective analysis of the case histories was made in the surgical department of Gomel regional clinical hospital, Belarus. Permission for research was granted by the Gomel state medical university. Medical case histories of 99 patients 44 females and 24 males aged between 16–67 years were used for this study. All of the patients had surgical procedures in abdomen, mostly diagnosed with acute and chronic cholecystitis, acute appendicitis, ventral hernias and others abdominal diseases under general anaesthesia with propofol.

The gathered data included patients who were operated in period from the month of January to December of 2022. Patients with administration of thiopental as an anesthetic drug were excluded from the results. And the presence of PONV is observed over perioperative period that includes 2 hours after surgery.

Statistical processing of the results was carried out using the Microsoft Office Excel 2016 program.

Results of research and their discussion

In this study we have analysed the case histories of 99 patients who were undergone surgical procedures in abdomen, mostly diagnosed with acute and chronic cholecystitis, acute appendicitis, ventral hernias and others abdominal diseases. Case histories with not administration of propofol as an anaesthetic drug we excluded from the result.

In total we have studied 68 patients' case histories who were administered propofol as an anaesthetic drug. In that 44 (64,7 %) were female and 24 (35,3 %) were male patients. Among them 92,6 % (n = 63) of patient's didn't have PONV side effects and were not used any anti-emetic drug during the surgery, in that there were 61,8 % (n = 42) of females and 30,9 % (n = 21) of males. But still 7,4 % (n = 5) of patients were used anti-emetic drug during their perioperative period to the prevention of PONV and included 2,9 % (n = 2) female and 4,4 % (n = 3) male patients. This may be due to several other factors that contribute to PONV, they include anaesthetic agents, patients, surgical and post-operative conditions. The found data are demonstrated in the figure 1.

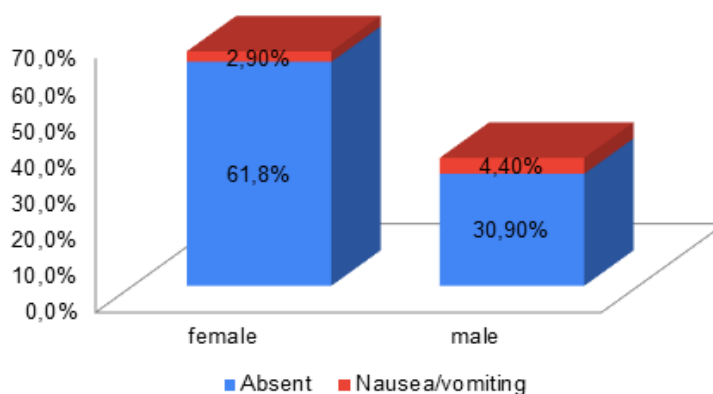


Figure – 1 Percentages of patients with complications of PONV in accordance with gender

Conclusion

In this study we confirm a strong anti-emetic effect of propofol in decreasing the rate of incidence of PONV in both female and male patients – 92,6 % of patients under general anaesthesia.

Some patients – 7,4 % experienced the complications of PONV even though propofol induction as an anaesthetic drug and the anti-emetic drugs were used.

The higher cost of propofol as compared to other induction agents can be covered by not using nitrous oxide for maintenance of anaesthesia and by the reduced need for antiemetic drugs postoperatively.

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