The effects of low-dose ketamine on postoperative pain and adverse events after intraoperative remifentanil administration

Authors: Darija Savinova, Vilė Jocaitytė, Aurika Karbonskienė

Introduction

• Safe and rapid recovery of patients after anaesthesia is one of the important factors for good operating room turnover. Intraoperative low dose ketamine is an attractive adjuvant to traditional pain management protocols enabling to reduce opioid consumption and side effects of them.

Aim

• Assess the significance of low dose ketamine (0,3mg/kg by LBM (lean body mass)) for postoperative morphine requirements and side effects in patients after remifentanil anaesthesia in bariatric surgery.

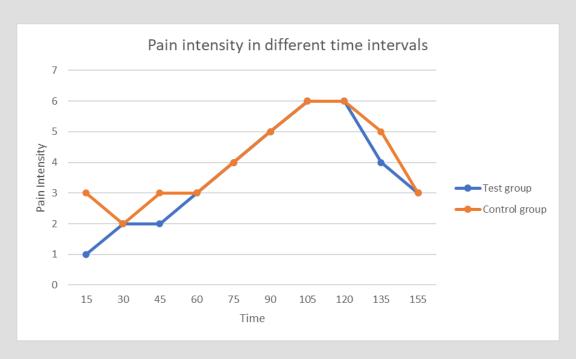
Standardised anaesthesia

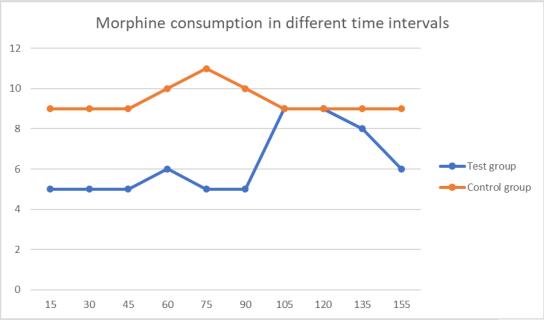
- The study included 47 patients, who underwent bariatric surgery at HLUHS.
- Adult obese patients up to ASA class III undergoing laparoscopic gastric bypass with remifentanil anaesthesia
- Postoperatively was applied standardised pain management.

Results

Characteristics	Test (K) group (30)	Control (S) group (17)	P value
BMI	45.3±6.4	43.7±6.1	P>0,05
Age	42±12	46±10	P>0,05
Gender (Female)	73,3%	70,6%	P>0,05

Results





Conclusion

• The 0,3 mg/kg (LBM) ketamine dose reduces postoperative morphine consumption without impact on postoperative side effects in bariatric patients.

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