administered. Propofol ,vecuronium, fentanyl, paracetamol, isofluranewereused in both the groups. Along with minimum mandatory monitoringfor study purpose, heart rate(HR), mean arterial Pressure(MAP), end-tidal carbon-dioxide (ETCO2), peripheral oxygen saturation (SpO_2) ,visualanaloguescale score, Ramsay sedation score , requirement of propofol, muscle relaxants and analgesics were studied with recovery and pain in 12 hours post operatively.Statistical analysis was carried out with SPSS version 20. Student's t test, Chi-square test were used for comparison.

Results : Statistical value of $p<0.05$ was considered significant. We noted significantly lesser readingsin group GE than inGroup G i.e ($p<0.001$) in MAP, SBP, DBP muscle relaxants, propofol and Fentanyl ($p<0.001$) . Early recovery and lesser pain scores were noted in group GE than Group G.

Conclusion : CEGAtechnique has the benefit of better control of haemodynamics .It reduces requirements of analgesics and anaesthetic drugs and has faster recovery with less post-operative pain in laparoscopic cholecystectomies.

Keywords-Anaesthesia,epidural,pain

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ABSTRACT NO. : ABS0646

Efficacy of combined epidural general anaesthesia in laparoscopic cholecystectomies - a prospective randomised study

Nethra HN
Bangalore Medical College and Research Institute

Background &Aims: Pnuemoperitonium in laparoscopy is associated with cardiorespiratory changes. Combination of epidural with general anaesthesia might offer benefits of haemodynamic control and peri-operative analgesia. We aimed to study the efficacy of combinedepidural-general anaesthesia(CEGA) over general anaesthesia in laparoscopic cholecystectomies.

Methods : **A** prospective, randomised, double blind study was conducted on 90 surgical in-patients after obtaining ethical and informed consent from the institution and participants respectively.In Group GE-(n=45), Lumbar epidural analgesia with ropivacaine with GA ;In Group G, only GA was