

cases were divided into two groups and coded as group D and group N. Both the groups received uniform premedication with Inj. omeprazole 40 mg I.V. Group D received Inj. propofol (1%) 1.5mg/kg plus Inj. dexmedetomidine 50 µg I.V bolus while group N received inj. propofol (1%) 1.5mg/kg plus Inj. nalbuphine 10mg I.V bolus prior to the procedure.

Results : Intra operative mean arterial pressure (MAP) and heart rate (HR) were significantly higher in group N than group D ($p < 0.05$). No significant difference was recorded regarding respiratory rate and SpO_2 in the two groups ($p > 0.05$). Recovery time of orientation was significantly lower in group D ($p < 0.05$). Post procedural perception of pain was significantly lower in group D ($p < 0.05$). Post procedural sedation was lower in group D which was statistically significant ($p < 0.05$).

Conclusion : Dexmedetomidine is superior to nalbuphine in respect of more effective intra-procedural haemodynamic stability, recovery of orientation, pain control after procedure and control of sedation after procedure.

Keywords-Haemodynamics, nalbuphine, propofol

References :

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Total intravenous anaesthesia (TIVA) with dexmedetomidine versus nalbuphine in combination with propofol in upper limb orthopaedic closed manipulation procedure- a comparative study in a tertiary health care centre in Tripura.

RUPAMAY DAS

Agartala Government Medical College

Background & Aims : The study was planned with the aim of generating comparison profile regarding effects of dexmedetomidine and nalbuphine in combination with propofol while providing more effective stability of intra-procedural haemodynamics and post procedural pain and sedation in upper limb closed manipulation procedure.

Methods : It was an observational analytical study with longitudinal design. The study duration was one and half years. Patients of either sex, normal body mass index and age between 20-60 years participated as study population. 60