tailed Student t- test. Discrete data was analysed using Chisquare test. P<0.05 considered as statistically significant.

Results: The demographical data like age, weight and height were comparable and had no influence on outcome of the study. Quality of analgesia was comparable in both groups (p>0.05) with no patient having poor quality. Early onset and longer duration of analgesia, less epidural top-ups, shorter duration of labour, less incidence of instrumental delivery and adverse effects were observed in Group RD compared with Group RF (p<0.05). Neonatal APGAR score was comparable between the groups.

Conclusion: Both fentanyl and dexmedetomidine with 0.2% ropivacaine epidurally provide safe, effective and excellent quality of labour analgesia and equal foetal well-being and neonatal outcomes. Dexmedetomidine as adjuvant prolongs labour analgesia and shortens duration of labour.



ABSTRACT NO.: ABS3221

Comparison of Fentanyl and Dexmedetomidine as adjuvants to 0.2 % Ropivacaine Epidurally in Labour Analgesia SHITAL DHUMAL

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Background & Aims: Childbirth being the most exciting event in the life of a female gets ruined because of cruciating and intolerable labour pain. This study compared quality of labour analgesia by using fentanyl and dexmedetomidine as adjuvants to 0.2% ropivacaine epidurally.

Methods: Institutional Ethical Committee approval and patient consent was obtained. 60 enroled patients were divided into 2 groups Group RF: 0.2% ropivacaine + fentanyl 15µg (15ml) Group RD: 0.2% ropivacaine + dexmedetomidine 7.5 µg (15ml) Epidural catheter was inserted at the L2-L3 space and drug was administered. VAS, sensory, motor levels were assessed. Maternal and foetal adverse effects were noted. Maternal satisfaction was evaluated after 24 h. The results were expressed as mean $\hat{A}\pm$ standard deviation for continuous variables while frequency and percentage for discrete data. Continuous variables were analysed by using unpaired two-

Key Words: Analgesia; dexmedetomidine; fentanyl; ropivacaine

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