Infiltration with Lidocaine 2%, Dexmedetomidine + Levobupivacaine 5% for Post Tonsillectomy Analgesia

Keywords: Dexmedetomidine; Levobupivacaine; Lidocaine

Introduction

The swelling of the Pharynx and tonsils is one of the most frequent reasons of consulting in the O.RL sphere. They can be acute or chronic, defining the latter as the precence of 5 infectious episodes in a year. The diagnosis is clinical, the most frequent etiology is viral (adenovitis and rinoitis), [1] only a 10-30% is bacterial, specifically Type A Beta Hemolytic streptococi Beta (EBHGA) [2].

Generally it can be said that the indications to explain tonsil extirpation [3] and adenoids include the obstruction degree and interference that these structures produce in the normal physiological functions of the faringue, Eustachian Tube or Posterior Nasal Apertures. The infiltration of pre-surgical local anesthetics has come to be a highly popular coadjutant in General Anesthesia, in the ambulatory environment. The use of local anesthetics facilitates recovery giving intra and post-operative analgesia. It contributes to a reduction of the consumptions of analgesics and an earlier return to the functional state. The alpha adregenics produce analgesia due to their effect in the receivers of the dorsal horn in the spinal cord. The main objective of this study is to prove the analgesic efficacy of the infiltration of local anesthetics joined to the alpha agonists 2 adregenics in patients undergoing tonsillectomy.

Materials and Methods

It’s a clinical study, prospective and controlled, where I include a total of 50 patients of both sexes, ASA I, ages between 2 and 8 years, with indications of tonsillectomy surgical intervention, between March 2006 and March 2007. Under standard ASA Monitoring, a Premeditation with Midazolam, Metoclopramide and Ranitide was carried out, the anesthetic induction was carried out with Propofol, (2-3mg/kg), and Esmeron (0,3mg/kg) the maintenance anesthetics was carried out with Isoflurane (1,5%), Oxygen (3lts/min). We proceeded to the realization of the surgical procedure of Tonsillectomy, and after concluding it and before to the reversal of the anesthesia, an infiltration of the analgesic mixture with Lidocaine at 2% (1mg/kg), Levobupivacaine (5 mg) and Dexmedetomidine (0.3mg/kg) was carried out at approximately 2cm above the upper pole where the tonsil was at, previous aspiration with a 23x1 1/2 inches needle, said infiltration was done bilaterally. Evaluation in the Post-Anesthetic Care Unit during the first 2 hours, the EVA, sedation scale using the RAMSAY scale, consumption of analgesics, Hemodynamical variables. The evaluation was continued during the first 24 hours. Likewise the satisfaction scale of the patient was evaluated when discharged (Figure 1).

Results

Regarding the hemodynamical variables of the cardiac frequency, respiratory frequency, arterial tension, there was no significant statistical difference. The sedation level according to the RAMSAY scale, there was no statistical difference, neither where complications presented or adverse effects. Regarding the request of post-operatory analgesic, there was statistically significant. The analgesic mixture with Lidocaine at 2%, Levobupivacaine at 5% and Dexmedetomidine, after the realization of the tonsillectomy. We recommend the use of a mixture of local analgesics mixed with...
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In patients that will be submitted to surgical procedure in ORL. We suggest the realization of future research and therapeutic works to be used in this type of surgery.

**Figure 1:** The satisfaction scale of the patient was evaluated when discharged.

**Figure 2:** The satisfaction scale that was measured since the first 6 hours reported that there was high acceptance from both patients and mothers.

**Figure 3:** The use of post-operative analgesics is the routine technique carried out for post-operative analgesia.

**Citation:** Ferrer SER, Campillo M, García N (2015) Infiltration with Lidocaine 2%, Dexmedetomidine + Levobupivacaine 5% for Post Tonsillectomy Analgesia. J Anesth Crit Care Open Access 3(1): 00081. DOI: 10.15406/jacca.2015.03.00081
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