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34. The effects of preemptive dexketoprofen with two different doses of tramadol use on postoperative pain relief

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In patients with moderate to severe pain, it is difficult to obtain effective analgesia with a single drug and, therefore, analgesic drugs are commonly combined to achieve optimal control of pain as combination of analgesics are often particularly effective [1, 2].

Aim: The present study aimed to evaluate the analgesic efficacy and safety of the single dose administration of dexketoprofen 50 mg/tramadol 100 mg iv in comparison with the dexketoprofen 50 mg/tramadol 200 mg in moderate to severe acute pain after total laryngectomy.

Material and methods: 36 patients undergoing surgery for laryngeal or hypopharyngeal epidermoid carcinoma, requiring a partial or total laryngectomy, took part in this study. Informed consent was obtained from all patients. Inclusion was decided during the systematic preanesthesia consultation, when it was clear that there was no contraindication to the use of the analgesic drugs prescribed. Patients in group A received IV 50 mg dexketoprofen and tramandol 100 mg and group B received IV 50 mg dexketoprofen and tramandol 200 mg, 10 min before surgery. In the first 3 postoperative days, we evaluated the intensity of acute postoperative pain, anxiety, and pain relief with VASs. These scales consisted of horizontal lines graduated from 0 to 10, with 2 end points labeled on the front side: "no pain" to "worst pain," "no anxiety" to "maximal anxiety," and "no relief of pain" to "total relief of pain." The first evaluation was performed when the patient had just recovered from anesthesia, immediately before he was taken from the recovery room, at the time defined as hour 0 (H0). The assessments were then performed every 6 hours in the first 24 hours, and every 8 hours in the following 48 hours, that is, until the postoperative 72nd hour (H72).Patients were asked to quantify the level of pain and anxiety they were experiencing at the moment of the assessment, just before the analgesic administration. The nurses performed the assessments of heart rate (radial pulse), blood pressure and respiratory rate in the same times.

Results: Demography and baseline characteristics of different treatment groups were comparable**.** After awakening the patients in the group B had significantly ($P < 0.05$) less pain [median VAS 2,5 compared to the group A 4,1]. A 30% reduction of fentanyl requirement was seen in the group B [median 0.1 (range 0–0.3) mg] compared to the group A [0.15 (0.05–0.35) mg] in the postanaesthesia care unit ($P < 0.05$). Nausea and vomiting were observed more in Group B than Group A, and patient satisfaction was better in Group A ($P < 0.05$).

Conclusions: After laryngeal surgery for cancer, pain can reach high levels, particularly in the first hours following recovery. Dexketoprofen 50 mg combined with tramadol 200 mg provided good analgesia in postanaesthesia care unit with long duration in a model of moderate to severe pain.

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