



Revista Colombiana de Anestesiología

Colombian Journal of Anesthesiology

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Scientific and Technological Research

A comparative analysis of 3 sedation guidelines for patients undergoing subarachnoid anesthesia. Randomized, single blind clinical trial[☆]



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ARTICLE INFO

Article history:

Received 23 September 2013

Accepted 25 December 2014

Available online 25 February 2015

Keywords:

Conscious Sedation
Anesthesiology
Anesthesia, Spinal
Operating Rooms
Analgesics, Opioid

ABSTRACT

Introduction: Sedation is defined as the set of actions aimed at having a quiet, comfortable, pain-free patient during a diagnostic or therapeutic procedure without any bad memories. Since the standard regional anesthesia techniques used in clinical practice are relatively traumatic and painful procedures, sedation has been introduced to make these interventions more comfortable for the patient and to facilitate the patient's cooperation.

Objective: To establish the efficacy of three sedation guidelines in patients undergoing subarachnoid anesthesia.

Methodology: Experimental, randomized, prospective, single blind clinical trial comparing three guidelines for the sedation of patients undergoing subarachnoid anesthesia.

Results: All of the patients in the trial received anxiolysis, collaborated with the puncture and said that they would not be afraid to receive subarachnoid anesthesia in the future. There were no complications including respiratory depression, nausea, vomiting or any other complications reported with the use of the sedation guidelines. Patient satisfaction was high. Withdrawal reflex ($P = 0.0003$) and puncture related pain ($P = 0.0069$) were more common in the group using the intravenous midazolam-only guideline and patient satisfaction with sedation was also lower in this group; however, the three guidelines showed good efficacy.

[☆] Please cite this article as: José BGF, Doris GC, Roberto PR, William LB, Enrique RC. Comparación de 3 pautas de sedación para pacientes sometidos a anestesia subaracnoidea. ensayo clínico aleatorizado, simple ciego. Rev Colomb Anestesiología. 2015;43:122-128.

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Conclusions: The three sedation guidelines presented were effectively used in subarachnoid anesthesia; the results were more favorable with the use of midazolam + fentanyl or midazolam + ketamine.

p-2011-1682 Colciencias. Registro # NCT0213664 (clinicaltrials.gov,prospectivo).

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R E S U M E N

Palabras clave:

Sedación Consciente

Anestesiología

Anestesia Espinal

Quirófanos

Analgésicos Opioides

Introducción: la sedación es un conjunto de acciones dirigidas a lograr que un paciente se encuentre tranquilo, cómodo, libre de dolor o de malos recuerdos mientras se realiza un procedimiento diagnóstico o terapéutico. Dado que las técnicas anestésicas regionales empleadas en la práctica clínica habitual son procedimientos relativamente traumáticos y dolorosos, se han asociado a sedación, para hacer este tipo de intervenciones más confortables para el paciente y hacer más fácil la colaboración del mismo.

Objetivo: determinar la eficacia de tres pautas de sedación en pacientes que van a ser sometidos a anestesia subaracnoidea.

Metodología: Estudio experimental, ensayo clínico, aleatorizado, prospectivo, simple ciego, en el cual se compararon tres pautas para sedación en pacientes sometidos a anestesia subaracnoidea.

Resultados: todos los pacientes del estudio tuvieron ansiolisis, colaboraron a la punción y refirieron que volverían a recibir una anestesia subaracnoidea sin temor, además no se reportaron complicaciones tales como depresión respiratoria, náuseas, vómitos u otra, con las pautas de sedación utilizadas, siendo alta la satisfacción por parte de los pacientes. El reflejo de retirada ($P=0,0003$) y el dolor a la punción ($P=0,0069$) se presentaron en mayor proporción en el grupo que usó como pauta solo midazolam intravenoso, en este mismo grupo hubo menor satisfacción con la sedación; sin embargo, las tres pautas mostraron una buena eficacia.

Conclusiones: Las tres pautas de sedación propuestas fueron eficaces para su uso en anestesia subaracnoidea, con mejores resultados cuando se usó midazolam más fentanilo o midazolam más ketamina.

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Introduction

Sedation is a set of actions aimed at having a quiet, comfortable, pain-free patient during a diagnostic or therapeutic procedure without any bad memories.¹ Considering that the standard regional anesthetic techniques used in clinical practice are relatively traumatic and painful procedures,² they have been frequently associated with sedation to make these interventions more comfortable for the patient and to facilitate patient cooperation.^{3,4} Not every anesthesiologist uses or indicates sedation in the same manner, but most anesthesiologists use sedation. Some administer sedation systematically before or after the puncture for a regional block, or when multiple punctures are required, while others administer sedation only if the patient is anxious.⁵

There are various drugs available for sedation in anesthesiology with a range of anxiolytic, amnesic and even analgesic properties, including barbiturates, benzodiazepines, opioid

analgesics, and combinations thereof. Some examples are ketamine, midazolam, fentanyl, propofol, dexmedetomidine, inter alia.^{6,7} There is a genuine need to implement sedation techniques that are effective, safe, hemodynamically stable and with few side effects such as respiratory or cardiovascular depression, nausea and vomiting, in addition to low-cost to provide anxiolysis, analgesia or somnolence in patients undergoing procedures such as subarachnoid anesthesia.⁶ Hence sedation in an aware patient – when the patient responds normally to verbal stimuli, has a preserved cognitive function and coordination, unaltered ventilation or cardiovascular function – is a valuable tool.⁸⁻¹² The ideal sedation state depends on the type of patient, the type of procedure and the drugs used. However, the recommended level of sedation is 2–3 or conscious sedation, in accordance with the Ramsay scale for improved wellbeing and collaboration, and no intervention required to maintain the airway, preserving adequate spontaneous ventilation and normal cardiovascular function.^{1,13,14}

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