Effect of Intrathecally Administered Ketamine, Morphine, and Their Combination Added to Bupivacaine in Patients Undergoing Major Abdominal Cancer Surgery a Randomized, Double-Blind Study

Ahmad M. Abd El-Rahman, MD, Ashraf A. Mohamed, MD, Sahar A. Mohamed, MD, and Mohamed A. M. Mostafa, MD

Abstract:

Objective. Effective postoperative pain control reduces postoperative morbidity. In this study, we investigated the effects of intrathecal morphine, ketamine, and their combination with bupivacaine for postoperative analgesia in major abdominal cancer surgery. Study Design. Prospective, randomized, doubleblind. Setting. Academic medical center. Patients and Methods. Ninety ASA I-III patients age 30 to 50 years were divided randomly into three groups: the morphine group (group M) received 10mg of hyperbaric bupivacaine 0.5% in 2mL volume and 0.3mg morphine in 1mL volume intrathecally. The ketamine group (group K) received 0.1 mg/kg ketamine in 1mL volume instead of morphine. The morphine1ketamine group (group K1M) received both 0.3mg morphine and 0.1mg/kg ketamine in 1mL volume intrathecally. Postoperative total morphine consumption, first request of analgesia, visual analog score (VAS), and side effects were recorded. Results. Total PCA morphine was significantly decreased in group M1K compared with groups M and K. Time to first request of analgesia was prolonged in groups M and M1K compared with group K (P

Keywords:

Intrathecal; Ketamine; Morphine; Lower Abdominal Cancer Surgery

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