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Preemptive multimodal analgesia for postoperative pain management: A randomized controlled clinical trial**Ali Saad**

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Statement of the Problem: A prospective, randomized clinical trial (case study) over patients undergoing surgical procedures (40 patients). 40 patients were chosen for preemptive multimodal analgesia treatment.

Methodology & Theoretical Orientation: To give pregabalin (Lyrica) 75 mg 2 hours or more before surgery then 75 mg QHS for 3 days postoperative, to be reassessed by APS team if extension needed. No valium with lyrica. To add celecoxib (if not contraindicated) 200-400 mg tablet 1 hour before surgery then 200 mg BID for 3 days only. Ranitidine 150 mg BID could be added. Surgical site-specific regional analgesia is given whenever possible. PCA morphine can be used if indicated and as a backup plan for breakthrough pain. Then post-op, pregabalin, celecoxib, solpadeine 2 tablets Q 6 hours or TID.

Findings: 30 patients came calm pre-op, smooth for GA, RA blocks, other 10 patients little anxious. All patients examined second day; 30 patients had smooth sleep, no pain after regional blocks, needed PCA morphine 1-5 mg (10 patients). Other 10 patients continued only on oral tablets.

Conclusion & Significance: The new preemptive multimodal analgesic combination is safe and effective postoperative, may reduce severity of adverse effects of the opioid. Review; follow up of patients postoperative by APS team for 4 days is mandatory.

Biography

Ali Saad is currently a Specialist of Anesthesia and Intensive Care Unit, working in field for 12 years' with continuous medical education programs, courses with weekly presentations.

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