



To compare the fixed dose combination of drotaverine hydrochloride and mefenamic acid with intravenous sedation with injection pentazocine and diazepam in terms of cost, pain management at tertiary care hospital Rajasthan.

Mukesh Suwalka¹, Manisha Bahad².

¹Senior Resident, ²Assistant Professor

Department of Obstetrics and Gynecology, RVRS medical college, Bhilwara (Rajasthan)

Corresponding Author: Manisha Bahad, Assistant Professor, Department of Obstetrics and Gynecology, RVRS medical college, Bhilwara (Rajasthan)

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Abstract

Background- This is an era where minor gynaecological procedures are at the rising trend. The percentage of minor surgery carried out on an outpatient basis has increased rapidly in recent years. Increasingly, minor gynaecologic procedures are moving from the operating rooms to the office set up.

Methods- This study was conducted at the department of obstetrics and gynecology, pannadhay rajkiya mahila chikitsalaya, RNT medical college, Udaipur.

Results- There were non significant statistical difference in the visual analog score between the two groups during procedure (p value= 0.806), 1 hour after procedure (p value= 0.801) and 2 hour after procedure(p value= 0.797).

Conclusion- To conclude, the present study showed that fixed dose combination of drotaverine and mefenamic acid has no significant statistical difference in the visual analog score compared to intravenous sedation.

Keywords- Sedation, pain, premedication.

Introduction

This is an era where minor gynaecological procedures are at the rising trend. The percentage of minor surgery

carried out on an outpatient basis has increased rapidly in recent years. Increasingly, minor gynaecologic procedures are moving from the operating rooms to the office set up. In this setting, providers often perform the procedures without the assistance of anaesthesiologist. ¹Therefore, it is important for the clinicians to be aware of the safety and efficacy of different pain management regimens. Outpatient procedures offer a number of advantages for both the patients and the healthcare system. The goal of most office based procedures is two fold- 1) to be able to safely and successfully perform the procedure, and 2)patient comfort. Patient comfort directly affects the ability to safely complete the procedure, and not all women are candidates for office procedure with limited options of pain control. Clinicians should screen each patient to ensure she is appropriate for and can tolerate an office based procedure. Pain management in these procedures is as much important as the procedure itself. This necessitates the need of not only effective pain management but also selection of method of pain management which has negligible side effects, quick recovery and better compliance. Previously, these

procedures were done under general or regional anaesthesia. During course of time, intravenous sedation and oral analgesics, antispasmodics have gained popularity because of their less invasive nature, cost effectiveness and better acceptability. Selection of the type of method requires thorough understanding of physiology of pain²⁻⁴. The anticipated advantages of oral drugs for pain management include less nausea and vomiting, greater potential for postoperative analgesia, reduced risk of aspiration pneumonitis, reduced postoperative nursing workload, and enhanced ability to communicate with the patient both during and after the procedure. Most gynaecologists would prefer oral drugs due to the rapid recovery and lesser side effects advantages in comparison with intravenous sedation.

Material And Method

Study Centre: The study was conducted at the department of obstetrics and gynecology, pannadhay rajkiya mahila chikitsalaya, RNT medical college, Udaipur.

Type of Study: randomized prospective comparative study

Duration: January 2014 to June 2014.

Subjects for study

Total 200 patients attending the OPD for minor gynecological procedures were enrolled in the group after taking informed consent. These patients were randomly divided into two groups , each group containing 100 patients.

Inclusion Criteria

- All women should be requiring any of the above mentioned gynecological procedure.
- All of them should have given written and informed consent

Exclusion Criteria

- Having a known sensitivity to NSAIDs, drotavarine, Inj pentazocine, Inj diazepam.

- Having peptic ulcer disease, inflammatory bowel disease, porphyrias, genital infections, cervical stenosis, serious cardiac disease, severe anemia.
- Patients with anxiety disorders, airway diseases, chronic medical illnesses, elderly.
- Being unable or unwilling to provide informed consent.
- Having history of cervical surgery.

Methods

- Group 1 patients will receive fixed dose oral tablet containing 80 mg of drotaverine and 250 mg of mefenamic acid one hour before the procedure.
- Group 2 patients will receive intravenous sedation with pentazocine (0.6mg/kg) and diazepam (0.2mg/kg) ten minutes before the procedure.

Observations

Table 1. Pulse rate in two groups

| | Pulse rate (beats/min) | | P value |
|-------------------------|------------------------|------------|---------|
| | Group I | Group II | |
| During procedure | 82.58±6.59 | 82.52±6.61 | 0.949 |
| 1 hour after procedure | 81.30±5.70 | 81.23±5.72 | 0.931 |
| 2 hours after procedure | 78.76±6.61 | 78.60±6.46 | 0.863 |

There were non significant statistical difference between the two groups in pulse rate during procedure (p value= 0.949), 1 hour after procedure (p value= 0.931) and 2 hour after procedure(p value= 0.863).

Table 2. Systolic blood pressure in two groups

| | SBP (mmHg) | | P value |
|------------------------|-------------|-------------|---------|
| | Group I | Group II | |
| During procedure | 129.42±5.75 | 129.48±5.85 | 0.942 |
| 1 hour after procedure | 128.54±5.94 | 128.78±6.15 | 0.779 |

| | | | |
|-------------------------|-------------|-------------|-------|
| 2 hours after procedure | 128.40±5.56 | 128.42±5.86 | 0.980 |
|-------------------------|-------------|-------------|-------|

There were non significant statistical difference between the two groups in systolic blood pressure during procedure (p value= 0.942), 1 hour after procedure (p value= 0.779) and 2 hour after procedure(p value= 0.984).

Table 3. Diastolic blood pressure two groups

| | DBP (mmHg) | | P value |
|-------------------------|------------|------------|---------|
| | Group I | Group II | |
| During procedure | 80.54±4.33 | 80.66±4.66 | 0.851 |
| 1 hour after procedure | 82.18±4.67 | 82.28±4.42 | 0.877 |
| 2 hours after procedure | 81.06±4.04 | 80.70±4.05 | 0.530 |

There were non significant statistical difference between the two groups in diastolic blood pressure during procedure (p value= 0.851), 1 hour after procedure (p value= 0.877) and 2 hour after procedure(p value= 0.530).

Table 4. VAS in two groups

| | VAS | | P value |
|-------------------------|-----------|-----------|---------|
| | Group I | Group II | |
| During procedure | 4.74±0.87 | 4.71±0.86 | 0.806 |
| 1 hour after procedure | 3.20±0.85 | 3.17±0.83 | 0.801 |
| 2 hours after procedure | 1.91±0.83 | 1.88±0.82 | 0.797 |

There were non significant statistical difference in the visual analog score between the two groups during procedure (p value= 0.806), 1 hour after procedure (p value= 0.801) and 2 hour after procedure(p value= 0.797).

Discussion

There were non significant statistical difference between the two groups in pulse rate during procedure (p value=

0.949), 1 hour after procedure (p value= 0.931) and 2 hour after procedure(p value= 0.863) in our study.

Similar results were found in study conducted by Sharma J et al.⁴who showed non significant difference (p value = 0.441) in the pulse rate between two groups during procedure.

There were non significant statistical difference between the two groups in systolic blood pressure during procedure (p value= 0.942), 1 hour after procedure (p value= 0.779) and 2 hour after procedure(p value= 0.984) in our study.

Similar results were found in study conducted by Sharma J et al.⁴ who showed non significant difference (p value = 0.746) in the systolic blood pressure between two groups during procedure.

There were non significant statistical difference between the two groups in diastolic blood pressure during procedure (p value= 0.851), 1 hour after procedure (p value= 0.877) and 2 hour after procedure(p value= 0.530) in our study.

Similar results were found in study conducted by Sharma J⁴ who showed non significant difference (p value = 0.680) in the diastolic blood pressure between two groups during procedure.

There were non significant statistical difference in the visual analog score between the two groups during procedure (p value= 0.806), 1 hour after procedure (p value= 0.801) and 2 hour after procedure(p value= 0.797) in our study.

However, Sharma J⁴ study found that pain perception in patients who received oral drotaverine and mefenamic acid was significantly less (p< 0.001)

Conclusion

To conclude, the present study showed that fixed dose combination of drotaverine and mefenamic acid has no significant statistical difference in the visual analog score compared to intravenous sedation.

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