

Pre-emptive Analgesia with Intravenous Fentanyl in Gynecological Operations

Ularangura W, M.D.,* Waikakul W, M.D.,* Ittichaikulthol W, M.D.,*

Vichitrananda C. M.D.,* Pausawasdi S, M.D.*

*Department of Anesthesiology, Ramathibodi Hospital, Mahidol University,
Bangkok 10400.

Pre-emptive analgesia by 2 mg/kg fentanyl administered intravenously before skin incision in gynecological operations were evaluated. Forty-eight patients, ASA class 1 or 2, were randomly allocated into 2 groups. Group 1, studied group, received intravenous fentanyl during induction of anesthesia and 0.9% NSS in equal volume 1 minute after skin incision. Group 2, control group, received 0.9% NSS during induction of anesthesia and fentanyl 1 minute after skin incision. We found that postoperative morphine requirement by patient - controlled analgesia (PCA) in both groups during 24 hours were not different (mean 7.46 + 6.1 mg vs 8.09 + 6.9 mg in the studied vs controlled group, $p = 0.7$). Postoperative pain assessed by visual analogue scale (VAS) and verbal rating score (VER) at rest and during movement were also indifferent. This study showed that fentanyl 2 mg/kg administered before skin incision could not pre-emptive postoperative pain in gynecological operations.