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Postoperative pain is still troublesome for patients. A prospective randomized study performed to determine morphine additive effect to local anesthetic for brachial plexus block should provide longer postoperative analgesia. Fifty Thai patients, 15-50 years old, were divided into 2 groups, 30 patients in group I received morphine hydrochloride 100 mg/kg and 1.5% lidocaine (with epinephrine 1: 200,000) 20 ml while 20 patients in group II received 1.5% lidocaine (with epinephrine 1: 200,000) 20 ml while 20 patients in group II received 1.5% lidocaine (with epinephrine 1: 200,000) 20 ml while 20 patients analgesia was evaluated by using visual analogue scale at 0, 6, 12 and 24 hours postoperatively.

In morphine group, analgesia extended over 12 hours about 66% while only 15% is in controlled group. The side effects were nausea/vomiting and sedation. Nausea/vomiting found in 11 patients (36.67%) was successfully treated with metoclopramide and sedation was found in 4 patients (13.33%) of morphine group. We conclude that adding morphine in the brachial plexus block will be a better postoperative analgesia for upper limb surgery.

Key words : Brachial plexus block, postoperative analgesia, morphine