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A Retrospective Observational Study on The Effect Of Intrathecal Morphine In Gynaecological Laparotomy Surgery For Post-Operative Pain Control at Hospital Raja Perempuan Zainab II, Kelantan

M.Faizal Nizam M.Fozi¹, Noor Airini Ibrahim², Aizad Azahar²

Objectives: Multimodal pain management has acquired broad acceptance in the management goals for gynaecological surgery in accordance with the Enhanced Recovery After Surgery (ERAS) guidelines. Single-shot intrathecal opioid is one of the treatment options and has demonstrated a number of advantages. The main objective of this study was to evaluate post-operative pain score for gynaecological patients who underwent open laparotomy and received intrathecal morphine (ITM) as post-operative analgesia. Specific objectives included assessing the association between pain score and different ITM doses of 0.1mg and 0.2mg and evaluating the side effects and benefits of ITM postoperatively.

Methods: This was a single-centre retrospective, cross-sectional study involving 150 adult gynaecological patients who underwent elective open laparotomy. Postoperative pain score assessment was done based on Numerical Rating Scale (NRS) with the highest pain score being documented within and after 24 hours. **Results:** Most of the patients who received ITM as postoperative analgesia had good pain control with NRS less than 4 at different time intervals, ranging from 84% to 97.3%. The incidence of PONV and PDPH showed 15.3% and 0.7%, which is still relatively low. The use of a low dose of ITM, either 0.1mg or 0.2 mg was adequate to achieve satisfactory postoperative pain control with no significant difference in pain control score between the two groups within 24 hours after surgery, but a significantly lower pain score after 24 hours to 48 hours for patients that received ITM 0.2mg were observed (p-value = 0.001). We found the use of ITM 0.2mg gave rise to a higher incidence of PONV in comparison with ITM 0.1mg (p-value = 0.021).

Conclusions: ITM offers effective postoperative analgesia up to 48 hours following open gynaecological surgery with minimal side effects.

Keywords: Intrathecal morphine, postoperative, analgesia

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1. Department of Anaesthesiology and Intensive Care, Hospital Raja Perempuan Zainab II, Kelantan
2. Department of Anaesthesiology and Intensive Care, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia

Correspondence to: Dr. Mohd Faizal Nizam, Department of Anaesthesiology and Intensive Care, Hospital Raja Perempuan Zainab II, Kelantan. Email: iamfaizalnizam@gmail.com