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ASA: Bupivacaine Effective for Pain Relief after Cardiac Surgery

By Emma Hitt
Special to DG News

ORLANDO, FL -- October 15, 2002 -- A continuous infusion of bupivacaine administered by an elastometric infusion pump is safe and effective in reducing pain after cardiac surgery, suggest findings of a preliminary trial.

"Putting a catheter system in patients undergoing an immediate sternotomy has never been done," said Dr. Paul F. White, from the department of anesthesiology and pain management at University of Texas Southwestern Medical Center, in Dallas, Texas, United States.

"There's a lot of debate about the role of these catheters in incisions at a major nerve," he told Doctor's Guide. "But we found that putting the pump deeply in the tissue at closure can significantly reduce pain without having to be at a nerve root," he said.

Dr. White and colleagues presented the research here October 15

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at the 55th Annual Meeting of the American Society of Anesthesiologists (ASA).

The researchers placed an indwelling infusion catheter in the sternotomy incision site of 32 patients undergoing open-heart surgery with standardised general anaesthesia. Patients were randomly assigned to receive normal saline or bupivacaine (0.25 or 0.5 percent) at a constant rate of 4 mL/hour for up to 72 hours.

Patients evaluated their pain using a verbal analog score (VAS). Medications administered for pain control and opioid-related side effects were recorded. Serum bupivacaine levels were measured on postoperative days 1 and 2.

VAS pain scores and amount of opioid analgesic used were significantly reduced in the 0.5 percent bupivacaine group compared to the control group, and bupivacaine levels in the groups receiving 0.25 percent and 0.5 percent were within safe limits.

"A continuous infusion of bupivacaine 0.5 percent at 4 mL per hour is a safe and effective method of decreasing pain after cardiac surgery," the authors concluded. "Further studies are necessary to assess these benefits on patient outcome," they added.

"More definitive studies are needed looking at different infusion rates," Dr. White said, "but clearly, putting the pump at the incision site does have the ability to reduce opioid use, reduce hospital stay, and provide other benefits," he said.

According to Dr. White, combining this pump with a "fast-tracking" approach (i.e. extubating a patient in under six hours) -- not used in this study -- may increase the benefits even further.

The pump, called ON-Q ® Pain Relief System, was manufactured by I-Flow corporation, and was originally marketed by Ethicon Endosurgical, who sponsored the study.

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