

ABSTRACT

BACKGROUND

The hemodynamic response associated with laryngoscopy and tracheal intubation may be harmful to certain patients .The laryngeal mask airway avoids the need for laryngoscopy and provides positive pressure ventilation of the lungs in appropriate patients .

AIMS AND OBJECTIVES

This study compares the hemodynamic response of laryngoscopy and tracheal intubation to that of laryngeal mask airway insertion in hypertensive patients.

METHODS

60 Hypertensive patients between 40 to 60 years of either gender of ASA Grade II were randomly allotted to one of the groups of 30 each , group ET and group LMA .LMA insertion or tracheal intubation was performed after induction of anesthesia with Thiopentone and muscle relaxation with succinyl choline . Anesthesia was maintained with sevoflurane and nitrous oxide, oxygen the heart rate ,systolic BP, diastolic BP, mean arterial pressure and rate pressure product were measured after induction and immediately after insertion / intubation and then after 1 ,3,5 minutes .

RESULTS

There was very highly significant difference ($p < 0.000$) in mean increase in heart rate (38.23% in group ET versus 28.26% in group LMA). The increase in arterial pressure were also significant. The systolic BP increased 40.16% in group ET compared with 37.60% in group LMA ($p < 0.000$). The diastolic BP was also seen increasing by 22.73% and 14.23% in group ET and group LMA respectively. The MAP and RPP values were maximum after airway instrumentation however we found that values after LMA insertion were significantly lower when compared to tracheal intubation for the first 3 minutes.

INTERPRETATION AND CONCLUSION

The data suggest a similar, but attenuated pattern of response associated with mask insertion in comparison to laryngoscopy and intubation. Hence use of LMA may therefore offer some advantages over tracheal intubation in anesthetic management of patients where avoidance of pressure response is of particular concern.