A PROSPECTIVE RANDOMISED STUDY OF COMPARISON OF HAEMODYNAMIC RESPONSE TO LARYNGOSCOPY AND ENDOTRACHEAL INTUBATION USING ORAL IVABRADINE AND I. V. LIGNOCAINE

ABSTRACT:
Rapid and dramatic hemodynamic changes occur during perioperative period. Such changes adversely affect the patients.

AIM AND OBJECTIVE:
To compare the effect of oral ivabradine and i.v lignocaine on the hemodynamics during laryngoscopy and endotracheal intubation in patients undergoing surgical procedures under general anaesthesia.

MATERIALS AND METHOD OF STUDY:
Prospective Randomized Study involving ASA-I adult patients of age group 20-45 years who were scheduled for various surgical procedures under general anaesthesia. Sample size was 100. Groups were randomly divided into GROUP- I: received oral Ivabradine 5 mg one tab 2 hour before intubation 5ml of normal saline 90 seconds before intubation. GROUP-II: received Tablet B Complex 2 hours before intubation & I.V. Lignocaine 1.5 mg/kg 90 seconds before induction. Premedication, induction agent and muscle relaxant to facilitate intubation were standardized for both the groups. Changes in HR, systolic BP, diastolic BP, Mean arterial BP were monitored. Hemodynamic variables were recorded from preoperative(after premedication), At induction, At intubation, 1 min, 3 min, 5 min, 8 min, 10 min, 30 min, 1 hour, 2 hours, 4 hours, 6 hours, 12 hours after intubation.
RESULTS:

Group I (oral Ivabradine) patients showed statistically significant change in p value <0.0001. There was no statically significant change in blood pressure in both groups. P value>0.0005.

INTERPRETATIONS AND CONCLUSION:

In conclusion, oral Ivabradine has better heart rate control than Intravenous Lignocaine for attenuation of haemodynamics during laryngoscopy and endotracheal intubation in ASA I patients without side effects.

KEYWORDS: Oral Ivabradine, Intravenous Lignocaine, attenuation, hemodynamic changes, laryngoscopy, intubation response.