ABSTRACT

INTRODUCTION

Haemodynamic changes like hypertension & tachycardia in response to the stress to instrumentation of larynx and trachea namely; direct laryngoscopy & endotracheal intubation have been reported. This is mainly due to reflex sympathetic discharge in responses to laryngotracheal stimulation. This is usually transient and variable, and are well tolerated by healthy individuals. However, these changes may be fatal in patients with hypertension, coronary artery diseases and intracranial hypertension.

AIMS AND OBJECTIVES

“to compare the attenuation of haemodynamic changes during laryngoscopy and endotracheal intubation with intravenous lidocaine versus intravenous dexmedetomidine”.

MATERIALS AND METHODS

study – randomized, double blind.

ethical committee approval - obtained from my institute,
written informed consent - obtained from all the patients.

**SOURCE OF DATA:**

Sixty one patients of both sexes admitted for elective surgeries under general anaesthesia in various surgical disciplines of GMKMCH, SALEM.

**OBSERVATION:**

From our study, we observed that lignocaine attenuated but did not fully abolish the pressure response to laryngoscopy and intubation. Also we adequately establish that dexmedetomidine 1μg/kg was comparatively superior in attenuation of the haemodynamic changes during direct laryngoscopy.

**CONCLUSION**

We conclude that dexmedetomidine in the dosage of 1 μg/kg over ten minutes before intubation efficiently attenuating the haemodynamic changes to laryngoscopy and endotracheal intubation. Lignocaine in the dosage of 1.5 mg/kg given 3 min before laryngoscopy and intubation was not fully effective in reducing the increase in heart rate and blood pressure.
Hence Dexmedetomidine may beneficial for cardiac patients where the haemodynamic response to laryngoscopy and intubation is highly detrimental.

**KEYWORDS:** Catecholamine release; Dexmedetomidine; Hemodynamic response; Lignocaine; Pressor response