ABSTRACT

BACKGROUND

Epidural technique forms an important technique in administration of labour analgesia. Analgesia for labour gives pain free delivery and reduces the stress response due to labour pain and patient satisfaction.

Bupivacaine was the routinely used local anaesthetic for labour analgesia. But it produces motor blockade which prevents patient from ambulation. Ropivacaine which is recently used provides ambulatory analgesia. The opioids added to the local anaesthetic provides increased duration of analgesia, enhanced intensity of analgesia and decreases the dose of local anaesthetic.

AIM

This study was conducted to compare analgesic efficacy, onset of action, total dose of anaesthetic required, intensity of motor blockade and hemodynamic stability in patients who have been given lumbar epidural analgesia for normal vaginal delivery.

METHODOLOGY

50 ASA physical status II parturient, aged 20 – 40 years who received epidural labour analgesia for delivery were included in the study. Patients were randomly allocated into two groups Group B (n = 25) & Group R (n = 25). Epidural technique was standardised. Efficacy of
bupivacaine and fentanyl with ropivacaine and fentanyl for labour analgesia were compared between the two groups.

RESULTS

The onset of action was faster with bupivacaine when compared to ropivacaine.

The total volume of local anaesthetic required was higher with ropivacaine when compared to bupivacaine.

The level of motor blockade produced was minimal with ropivacaine when compared to bupivacaine.

There was no undue prolongation in duration of labour and the incidence of instrumental delivery were comparable between the groups.

The patient satisfaction score, APGAR SCORE, demographic and hemodynamic parameters were comparable between the groups.

CONCLUSION

Bupivacaine and Ropivacaine provides equivalent analgesia for labour without compromising maternal safety and neonatal outcome.

KEY WORDS

Epidural analgesia, bupivacaine, ropivacaine, fentanyl.