

**PE-55. INTRATHECAL METOCLOPRAMIDE REDUCES INTRATHECAL PETHIDINE INDUCED NAUSEA AND VOMITING IN SURGICAL PATIENTS**

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Postoperative pain relief with intrathecal opioids has received a great deal of consideration due to its excellent analgesia, minimal or no motor/sensory disturbance, and little CNS (central nervous system) depression. Nausea and vomiting remain one of the most frequent and most disturbing complications of the intrathecal opioid administration. The most probable cause of this side effect is rostral spread of opioid in the CSF (cerebrospinal fluid) and direct effect on the dopamine receptors. Metoclopramide is a dopamine-antagonizing anti-emetic. Theoretically, intrathecal administration should cause palliation or even abolishment of nausea and vomiting induced by intrathecal opioids.

Fifty patients receiving intrathecal pethidine for post-operative analgesia also received Metoclopramide or placebo solution with their sub-arachnoid medication in a controlled, randomized, double blind study. Patients receiving either solution were divided according to the level of block required for their surgery; namely caesarian section (C/S) group (T6-T8), low spinal group (T10 and lower), and saddle group. Seventy percent of the placebo group experienced nausea and vomiting compared to only 18% of the Metoclopramide group ( $p < 0.05$ ). In the C/S group, the frequency of nausea and vomiting was 88% in the placebo group vs.; 22% in the Metoclopramide group ( $p < 0.05$ ). In the low spinal group, 57% of the placebo group and 14.2% of the Metoclopramide group experienced nausea and vomiting, which didn't achieve statistical significance ( $p = 0.26$ ). In the saddle group, nausea and vomiting was observed in 54% of the placebo group vs.; 14.2% of the Metoclopramide group, which also was not statistically significant ( $p = 0.24$ ). The usual time for observing nausea and vomiting was between 15 to 30 min after intrathecal pethidine injection. No side effects were seen in either group regarding intrathecal injection of Metoclopramide.

We concluded that adding Metoclopramide to the intrathecal pethidine solution significantly reduced intrathecal pethidine induced nausea and vomiting in surgical patient, especially in C/S.