Results for the Study: Can dexmedetomidine for procedural sedation in knee arthroplasty reduce postoperative pain? A randomized control study.

Introduction

This study took place at the Regina General Hospital in May 2014. If you participated in this study, we would again like to thank you, and share what we found.

Background

Patients having surgery under spinal anesthesia often request sedation to lessen the anxiety and fears of being awake during surgery. Dexmedetomidine may be ideally suited for patients requesting sedation for spinal anesthesia, especially in patients undergoing operations associated with significant postoperative pain, because it does not inhibit ventilation to the lungs like many commonly-used narcotics do. Our study tried to determine whether that the administration of Dexmedetomidine for sedation during total knee replacement surgery under spinal anesthesia would decrease the need for morphine to manage patients' pain in the first 24 hours after surgery.

Results

We recruited 40 participants, including 28 women and 12 men, with an average age of about 68 years. The people who received Dexmedetomidine for sedation used much less morphine in the first 24 hours after surgery than those who received standard care. They also went longer before requesting pain medication after surgery, and were less likely to vomit or get itchy – two side effects of morphine.

Conclusion

Our study demonstrates that Dexmedetomidine for sedation during total knee replacement surgery under spinal anesthesia reduces the need for narcotic pain relievers, delays the need for pain medication after surgery, and produces fewer side effects than commonly-used narcotic pain relievers.

If you have any questions, please feel to contact us.

Sincerely,
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