STRESS PROTECTION OF DIFFERENT SOLUTIONS OF THORACIC EPIDURAL ANESTHESIA FOR IMMEDIATE EXTUBATION AFTER OFF-PUMP CARDIAC SURGERY (OPCAB)

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INTRODUCTION: Immediate extubation using thoracic epidural analgesia (TEA) has become more popular after OPCAB. In this randomized, prospective, double blind study, we determined the efficacy of stress protection of three different regimens of TEA.

METHODS: Forty-two non-diabetic patients undergoing OPCAB were enrolled in this study. TEA was installed more than 1 h before application of heparine at levels of T2 to T4; analgesia was provided by 8 ml of bupivacaine 0.25% 15 min prior to surgery and extubation, and 10 ml/h during and up to 72 h after surgery of one of the following regimens: bupivacaine 0.125% solely, bupivacaine 0.125% with fentanyl 3 µg/ml or bupivacaine 0.125% with clonidine 0.6 µg/ml. Patients were block-randomized for one of the three treatments. Patient data, cortisol and glucose levels were compared. Multi-comparison ANOVA was used to compare the data, $P < 0.05$.

RESULTS: There was no complication related to TEA in this study. All patients were immediately extubated. Glucose and cortisol levels were low in all groups without being statistically different (Fig).

CONCLUSION: We conclude that immediate extubation after OPCAB using TEA is feasible with different regimens of TEA. Stress protection is good and not different between TEA with solely bupivacaine 0.125%, bupivacaine 0.125% with fentanyl or clonidine.