EFFECT OF TRAMADOL IN POSTSPINAL SHIVERING IN CAESAREAN SECTION

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INTRODUCTION : Shivering is an unpleasant and frequent complication and is seen in 40% of cases postoperatively. Numerous pharmacological interventions have been proposed , but their relative efficacy remains unclear (1). The effect of tramadol in control of postoperative shivering after general and epidural anesthesia has been studied (2) , but not any research has been done to study its effect on post spinal shivering . The aim of this study is to evaluate the efficacy and harm of tramadol for the treatment of post spinal shivering in cesarean section.

METHODS : In a prospective, controlled, randomized , double – blinded clinical trial 73 ASA-I pregnant patients candidates of cesarean section under spinal anesthesia who had not the contraindications of spinal anesthesia and had shivering postoperatively were selected and classified in two groups receiving tramadol (0.5 mg/kg) or pethidin (0.5 mg/kg) to control post operative shivering . Spinal anesthesia were done by injection of 1.5ml epinephrinized 5% lidocaine at L₃-L₄ or L₄-L₅ levels. Itching , somnolence , dizziness , nausea , vomiting and the duration of shivering control were determined and recorded. All data were analyzed by using Fisher and Chi-square tests

RESULTS : 73 female at the age between 18-40 years old were included in the study. There were no significant difference between age ($p = 0.1$) and weight ($p = 0.8$) of patients. There was no significant differences in relative abundance of shivering ceasation after injection of both drugs ($p = 0.3$) . The mean duration of shivering control was significantly less in tramadol group ($p = 0.001$) and the relative abundance of somnolence ($p = 0.001$) , nausea ($p = 0.001$) and vomiting ($p = 0.005$) were significantly more in tramadol group, but dizziness was significantly more in pethidin group ($p = 0.001$). Itching was not seen in any groups.

DISCUSSION : Tramadol is more effective to control shivering after spinal anesthesia but results in more nausea, vomiting and somnolence

REFERENCES :

- 1) Anesth analg . 94 : 453-60
- 2) Acta anesth scand . 41: 506 -10