1342354 - IS PREVIOUS CHOLECYSTECTOMY A CONTRAINDICATION TO PARACETAMOL/CODEINE PREMEDICATION? CASE SERIES REPORT

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Purpose: To describe codeine premedication can cause spasm of the sphincter of Oddi and a previous cholecystectomy predisposes for this complication.

Clinical Features: We report a series of five cases that developed epigastric pain after oral premedication with a single dose of paracetamol/codeine combination. Patients were scheduled for ophthalmic procedures under local anesthetic block. All were females, age ranges 38-56 years. The only common element in all was a history of cholecystectomy in the past. All patients were premedicated 2 hours before surgery with 2 tablets of Revacod. Each tablet had paracetamol 500mg and codeine 10mg. Patients started complaining of severe epigastric pain after one to one and a half hour of premedication. They had a feeling of some nausea but no vomiting. Patients were restless but the vital signs were stable and abdominal palpation did not exacerbate the pain.

A provisional diagnosis of spasm of the sphincter of Oddi was made and Pethidine 50mg I/V was given in titrated doses for pain relief. A gradual improvement was noted but it took 1-2 hours for the patients to return to normal condition.

The remaining 3 patients were treated with Naloxone 0.1-0.4 mg in titrated doses and the response was proportional to the dose. Faster and better relief was achieved at higher doses. Complete relief was seen in all patients by 15-20 minutes.

Discussion: Morphine is well known to cause the spasm of the sphincter of Oddi1. Codeine is a morphine derivative and is not only analgesic but is also a cough suppressant and is used as premedication for the procedures done under local anesthesia to avoid excessive coughing during surgery2. Previous cholecystectomy is known to be a predisposing factor for the spasm of the sphincter of Oddi after Morphine sedation3. As codeine works on the same receptors as morphine, we suspected it to be responsible for the pain secondary to the spasm of this sphincter. The biliary system has a rich supply of pain fibers4. The pain of the sphincter of Oddi is not because of the spasm itself but is due to the resultant hypertension of the bile duct5. A severe and prolonged spasm may lead to acute pancreatitis6. The possible mechanism of spasm of the sphincter of Oddi in post-cholecystectomized patients may be disruption of the inhibitory nerve fibers of the sphincter7,8. We treated our first two patients with Pethidine, because of its ability to relieve biliary spasm9 but we noted an incomplete relief. Naloxone, on the other hand showed a prompt and clear response on dose dependant manner in the remaining three patients

Conclusion: Premedication with Codeine is likely to cause the spasm of the sphincter of Oddi in patients with previous cholecystectomy. The pain may be somewhat relieved by pethidine but appears highly responsive to Naloxone. Naloxone serves both diagnostic and therapeutic purposes. Opioids are not the drugs of choice for premedication in patients with previous cholecystectomy.