24998 - THE EFFECT OF INTRAMUSCULAR MIDAZOLAM ON PAIN RELATED POSTOPERATIVE HERNIORRAPHY

Mahmood Akhlaghi Assistant Professor, Mohammad Rajaei, Assistant Professor; Hosein Madineh, Assistant Professor; Ramin Habibi,
Shahrekord University of Medical Sciences, Shahrekod, CHAHARMAHAL & BAKHTI, Iran

Introduction: The purpose of this study was assessment of intramuscular Midazolam as a premedication on post operative pain and vital signs during a period of eight hours, and to test our hypothesis that the patients are more comfortable and suffering less pain after operation.
Methods: A total of eighty patients aged 15-60 years whom were scheduled for elective inguinal herniorraphy were divided in to two groups of forty each; with ASA class Ι, П; were randomly allocated for this study. Group A "The Test Group" received 0.1mg/kg Midazolam intramuscularly, and Group B "The Control Group" received 0.02cc/kg Saline just after inducing anesthesia with Fentanyl 3μg/kg, Thiopental 5mg/kg as well as Succinylcoline 1.5 mg/kg, and study was done in a randomized double blind fashion. Popular McGill questionnaires were filled for pain severity assessment in four stages (1, 2, 3 and 8 hours after operation), and the patients, vital signs were charted in five stages (preoperative and 1, 2, 3, and 8 hours after operation). The data so obtained was analyzed statistically using Student t test and Chi-Square.
Results: Postoperative pain score average at the first hour in the test group was 2.3 in comparison with 6.6 in the control group (ρ<0.05). After second and third hours of operation scores of 3.6 and 3.8 in comparison with 6.4 and 6.2 were related to the test and the control groups, respectively (ρ<0.05). Vital Signs of the patients in the test group were more stable than the control group during the two-hour recovery period (ρ<0.05). Moreover, the need of intravenous opiate for relieving pain during recover period in the test group was less than the control group.
Discussion: Intramuscular Midazolam appears to cause pain relief after herniorraphy, particularly during recovery period.