

CONCLUSION

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The analysis of the observations in the present study shows that the occurrence of the post suxamethonium fasciculations and post-operative myalgia is quite high and the suxamethonium certainly induces a definite hyperkalemia, in significant manner, to persist upto 10 minutes.

The fasciculations occurred inevitably as to remain visible in each of the patient in control group. The successful suppression of these fasciculations can be obtained either with Self Taming of suxamethonium or with precurarization by using small doses of Gallamine as well as the Pancuronium. All these measures are significantly effective ( $P < 0,001$ ) in the inhibition of the incidence and intensity of the fasciculations. However, the Gallamine pre-treatment is most superior, in this regards, followed by the measure of Self Taming and then the Pancuronium pre-treatment.

The overall incidence of post-operative suxa-pains also use to remain distressingly high in the non pre-treated patients. Coincidentally, the patients within the range of 21 - 50 years of age and particularly the females are highly susceptible to suffer with such after-pains. However, the

development of these pains has no relations with the incidence and intensity of the post suxamethonium fasciculations. The measure of Self Taming remains ineffective in the attenuation of these after-pains and incidence use to remain largely unaltered ( $P \approx 0.3$ ). The pre-treatment with the pancuronium has the highest efficacy to mitigate the incidence and intensity of the myalgia ( $P \leq 0.02$ ). However, the Gallamine pre-treatment is also adequately effective in significant inhibition of the suxa-myalgia ( $P \leq 0.05$ ).

The post-suxamethonium hyperkalemia is also an inevitable phenomenon. The plasma potassium concentration tends to rise significantly more than pre-induction level for atleast upto the 10 minutes ( $P \leq 0.001$ ). This response to suxamethonium can, largely, be inhibited by the measure of the Self Taming as well as the precurarization (Pancuronium and Gallamine) to lower the potassium concentration significantly less than pre-induction level ( $P \leq 0.001$ ).

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