Conclusion
CONCLUSION

Following conclusions were inferred, when the study was completed and data was analyzed statistically:

i) Propofol and ketamine combination took less time (43.8±5.90 second) for time of onset of induction of anaesthesia in comparison with propofol and fentanyl combination (50.5±6.76 second).

ii) The induction dose and total dose of propofol was less in propofol ketamine i.e. 142.0±12.70mg and 223±10.20 mg respectively group as compared to in propofol fentanyl group where induction and total dose of propofol were 155.0±18.89 mg and 236±12.22.

iii) Number of top-ups of ketamine (2.20±1.4) were less than the number of top ups of fentanyl (3.50±1.8).

iv) Stability of pulse and blood pressure with propofol ketamine combination were comparable and better than with propofol fentanyl combination.

v) In propofol ketamine group respiratory rate was well maintained within normal range and no respiratory depression observed in comparison to propofol fentanyl group where significant respiratory depression was observed.
vi) Maintenance of arterial oxygen saturation was good with both the groups.

vii) Propofol ketamine combination took longer time i.e. 5.0±1.57 minutes for recovery from anaesthesia in comparison with propofol fentanyl combination (i.e. 3.6±1.99 minutes).

viii) Analgesic requirement for post-operative pain relief in immediate post-operative period was less (i.e. 1.6%) in propofol ketamine group in comparison to propofol fentanyl group (i.e. 6.66%).

ix) Incidence of complications like pain on injection, (15%) laryngospasm, (0%) episodes of desaturation, (1.66%) apnoea, (1.66%) nausea and vomiting (6.66%) are seen with propofol fentanyl combination. Abnormal limb movements (1.66%) and dreams (1.66%) are seen with propofol and ketamine combination.

x) The overall acceptance of anaesthesia was higher with propofol, ketamine (28.33%) than propofol, fentanyl (25%).

So to conclude, combination of propofol and ketamine gives better haemodynamic stability during induction and maintenance of total intravenous
anaesthesia. Subanaesthetic doses of ketamine may be an alternative, cheaper analgesic to supplement propofol anaesthesia, instead of short acting potent expensive opioids like fentanyl.