CONCLUSION
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On completion of the study and analysis of the data obtained, the following conclusion was derived at:

1) The induction time was found to be shortest with Propofol 1% (40.1 ± 6.11 seconds) as compared to Thiopentone 2.5% (47.2 ± 7.26 seconds) and Propofol 0.5% (70.5 ± 19.58 seconds).

2) Induction was smooth with both Propofol (0.5 or 1%) and Thiopentone (2.5%).

3) Stability of pulse and blood pressure with Thiopentone (2.5%) and Propofol (1%) induction were comparable and better than Propofol 0.5% induction.

4) Maintenance of arterial oxygen saturation was good with all three agents.

5) Incidence of respiratory depression was similar with Propofol 1% in comparison to Thiopentone sodium 2.5%, less with Propofol 0.5%.

6) Apgar scores at 1,2,5,10 and 30 minutes were comparable between all groups, was more with Propofol 1% than with Propofol 0.5% and Thiopentone sodium 2.5%.

7) Incidence of complications like

(a) Pain on injection were similar with Propofol 1% and Thiopentone 2.5% while less with Propofol 0.5%.
(b) Thrombophlebitis occurred more with Thiopentone than with Propofol 0.5% and 1%

(c) Abnormal limb movements were found only with Propofol 0.5% and 1%, not with Thiopentone group.

(d) Cough and hiccup were found only with Thiopentone not with Propofol 0.5 or 1%.

(e) Apnoea had occurred equally with Propofol 1% and Thiopentone sodium 2.5% but less with Propofol 0.5%.

8) Incidence of nausea and vomiting was nil with Propofol 0.5% and 1%, while 33% with Thiopentone sodium 2.5%.

9) Incidence of awareness during induction was found more in Propofol 0.5% (6%) than Propofol 1% and Thiopentone sodium 2.5%.

10) The overall acceptance of induction was higher with Propofol 1% than with Propofol 0.5% and Thiopentone sodium 2.5%.

Thus it was concluded that Propofol 1% is an effective, safe and reasonable alternative to Thiopentone sodium 2.5% as an induction agent for general anesthesia for caesarean section.