Conclusion
CONCLUSION

The present study was conducted on 120 patients of either sex, admitted in our hospital, who received general anaesthesia for various elective surgical procedures. On completion of the study and analysis of available data following conclusions were derived:

1) The demographic profile were comparable in all the three groups.

2) There was a definite rise in both the mean pulse rate and blood pressure (systolic and diastolic) just immediately after intubation which slowly settles after some time, otherwise, cardiovascular stability was well maintained throughout the procedure.

3) The oxygen saturation (SpO₂) was well maintained throughout the procedure.

4) Onset of action of rocuronium was slightly longer than suxamethonium but far shorter than vecuronium.

5) The duration of action of rocuronium was similar with that of vecuronium, but was much longer than that of suxamethonium.

6) Fasiculations was absent with both rocuronium and vecuronium but was seen with suxamethonium.

7) Intubating conditions after rocuronium was comparable with that of suxamethonium, and it provided better intubating conditions than with vecuronium, at shorter intubation time.

8) None of the patients developed complication of any type during the procedure.
Therefore, from the above study it is concluded that rocuronium can very well substitute suxamethonium for tracheal intubation, when a rapid return to spontaneous respiration is not desired. It thus fills the gap between suxamethonium and non-depolarizing neuromuscular blocking agents, and is a step ahead in search for an ideal neuromuscular blocking drug.