Conclusion
CONCLUSION

On completion of the study and analysing the observed data, it was concluded that-

1. Onset of action i.e. injection to peak effect was shorter with vecuronium than with atracurium.

2. Both agents provided similar surgical conditions. Muscular relaxation, achieved with the use of atracurium and vecuronium was excellent when these agents were given in the doses of 2-3 times ED 95.

3. Continuous infusion was found to be a better method in providing steady surgical condition as compared to intermittent bolus technique where fluctuations in the degree of muscular relaxation were observed.

4. Atracurium and vecuronium both have very good cardiovascular stability. Both agents have no direct effect on cardiac rate, rhythm, systolic, diastolic and mean arterial pressures.

5. Vecuronium has no effect on the histamine release, even when used in the doses up to 3 x ED95, while with atracurium, histamine release is rare but a potential complication.

6. Both drugs are safe when used by continuous infusion. Recovery is earlier with atracurium than with vecuronium, which in turn is clinically insignificant.

7. Recovery with both the drugs was spontaneous, with no cumulation.

Therefore, in the end, it was concluded that Atracurium and Vecuronium are shorter acting. No one agent was superior to another. While atracurium has the
advantage of spontaneous degradation and no organ dependent elimination, vecuronium provides better haemodynamic stability as it is virtually free from histamine releasing property and onset of action is earlier than atracurium.

Then use by continuous infusion is a better alternative to intermittent bolus technique during prolonged surgeries. Although histamine release with prolonged continuous use of Atracurium may be a potential danger.

Both drugs are free from direct cardiovascular adverse effects and there is no residual and persistent curarization or re-curarization.