CONCLUSION
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On the basis of observations made on 87 cases, studied in the present series, we have drawn the following conclusions:

1. The dosage used in this technique is much less than that with other conventional routes.

2. The degree and duration of analgesia is much more.

3. The availability of the attending doctors and the nursing staff, is not much needed.

4. The anxiety of attendants becomes much less as the patient lies comfortably.

5. Provision of post-operative pain relief, with this method, becomes easier as it has been used for anaesthesia during surgery.

6. Any significant cardio-vascular alteration does not occur with this technique.

7. The side-effects are least, as the dose administered is much less.

8. There is improvement in ventilatory function on account of pain relief in upper-abdominal and thoracic surgeries.

9. Pethidine, 50 mg. and pentazocine, 15 mg. have been observed to provide best results.
(10) Fentanyl has been found to be most effective, but the duration of analgesia is too short. It is not suitable for prolonged post-operative pain relief.

(11) The method is simple. It is not habit forming.

(12) The technique needs minimum of armamentarium.