CONCLUSION
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This study was conducted in 90 pregnancy induced hypertensive patients for emergency caesarean section requiring general anaesthesia or spinal analgesia.

In conclusion, data of present study suggest that nifedipine as premedicant adequately controls pregnancy induced hypertension in emergency caesarean section during anaesthesia.

In this study, efficacy of a single dose of 10 mg nifedipine administered pre-operatively by sublingual routes was evaluated to attenuate the hypertensive and tachycardia response to laryngoscopy and endotracheal intubation. Sublingual nifedipine proved to be significantly more effective in checking the rise in mean arterial pressure.

Aim of the study was to determine the effect of diazepam and nifedipine and combination of nifedipine and diazepam as premedicant in pregnancy induced hypertension. From the analysis of the observation in the present study the following conclusions were drawn.

- When pregnancy induced hypertensive patients anaesthetised with thiopentone and suxamethonium laryngoscopy and tracheal intubation evokes a cardiovascular response in the form of tachycardia and hypertension which is maximum at 1 minute after intubation.

- Diazepam 10 mg administered intramuscularly half an hour after induction was more effective in preventing
the rise in mean arterial pressure. The rise in pulse rate also prevented by administration of diazepam. Three to eight beats per minute was lowered by diazepam.

Nifedipine 10 mg administered sublingually half an hour before induction was more effective in preventing the rise in mean arterial pressure 36–37 mm Hg, the rise in pulse rate was also prevented by administration of nifedipine. But more decrease in mean arterial pressure and pulse rate with nifedipine was observed.

When these drugs were used in combination no added effect could be demonstrated. The effect of nifedipine and diazepam combination was almost similar to that of nifedipine alone.

In other words the degree of reduction in maximum fall in mean arterial pressure with the nifedipine which showed a better effect than the diazepam.

Of all the drugs and drug combination used in this study nifedipine was most effective as premedicant in pregnancy induced hypertension. A significant difference of the effect on blood pressure (both systolic and diastolic) was noted between diazepam and nifedipine as early as 10 minutes after administration. Thus, diazepam showed a potent hypotensive effect in a short time as with nifedipine.

The mean arterial pressure however remained fairly stationary after administration of diazepam, nifedipine and diazepam+nifedipine combination(p 70.05).