CONCLUSION
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With the study being completed on 60 patients, ranging between the ages of 11-70 yrs. of A.S.A. group I, operated upon under intravenous regional analgesia by centbucridine and after a careful review of the observations obtained the following salient conclusions are arrived at:

1- Intravenous regional analgesia is possible only in the extremities as the presence of continuous and uninterrupted tourniquet is an absolute requirement.

2- It is very safe and sure technique and can be employed for planned as well as the emergency operations.

3- The technique requires very little armamentarium and can suit field situations.

4. Premedication is not essential as a rule except in certain uncooperative and apprehensive emergency cases where sedation can be employed.

5. Depending upon the concentration of the drug used the patients were divided into 4 groups of 15 each. The concentrations used were .25,.30,.35 and .4%.

6. Centbucridine does not cause hypersensitivity reactions.

7. Exsanguination has been quite efficient by gravitational drainage, as evidenced by uniform analgesia and a bloodless operative field.

8. Tourniquet pain is not present if double cuff system is chosen.
9. The onset of action is extremely rapid and dose dependent taking only 1-2 minutes with .4% concentration of the drug to provide complete analgesia of the limb.

10. The dosage of 100-135 mg, are sufficient for producing adequate analgesia of the upper extremity and 190-240 mg for the lower extremity.

11. The ideal concentration of the drug to be used is .35%.

12. The degree of analgesia and incidence of toxic reactions is directly proportional to the concentration of centbucidine solution used.

13. The cardiovascular stability is well marked and contrary to other conventional local analgesic drugs, it produces slight rise in blood pressure and respiratory rate.

14. Incidence of toxicity is very low. Mostly minor reactions were observed. Major toxicity reactions like venous thrombosis, one case, and gangrene, one case, was noticed with .4% concentration only.

15. The technique was liked by majority of patients (46, 76.66%). The bloodlessfield so achieved in the technique was highly appreciated by the surgeons.

16. There is no post anaesthetic discomfort.

Experience, skill and close attention are still the best adjuvants, coming a long way for the pinnacled success of the technique.