



# **DISCUSSION**

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This study shows that success of initial reduction depends upon the analgesia obtained. The method of local analgesia was simple and patients were not starved for six hours or more as pre-anaesthetic preparation for general anaesthesia or intravenous regional anaesthesia. A further watch of patients in ward regarding post anaesthetic effect of drugs and time to time supervision of patients specially in first ten hours was not needed in case of local anaesthesia. The surgeon needs the presence of not more than one assistant.

Thirty five patients were studied . The male : female ratio was found to be approximately 2 : 1 (Table 1). Their age ranged from sixteen to eighty years. Maximum number of nine(25.72%) patients were found in the age group 20-30 years (Table 2).

Within five days of injury total number of patients were found to be 28(80%) (Table 3). A maximum of 23(65.71%) cases were of Colles' fracture

and remaining 12 (34.29%) cases were of tibia and fibula, Barton and Galeazzi fracture and dislocation (Table 4).

Thirty (85.71%) patients were treated as out patient and the remaining five patients (14.29%) were admitted due to other associated injuries (Table 5).

The onset of effect was found to be two minutes in majority of 22(62.86%) cases (Table 6). The maximum analgesia within 5 minutes was reported by twenty (57.14%) patients and number of cases who had maximum analgesia within 10 minutes were 33(94.29%) (Table 7). In two cases (5.71%) the maximum analgesia reached in 12 minutes. Case (1985) also reported maximum analgesia in 5-15 minutes' duration.

Out of these 35 patients, 15 (42.86%) patients had excellent response where no pain had been complained of and all such patients were treated within five days of initial injury. A moderate pain relief that was just short of full analgesia was complained by 17

(48.57%) patients (Table 8).

The poor pain relief was complained by three (8.57%) patients in all of them seven days had elapsed since the time of injury. Less than complete response might be due to both the organising haematoma and need for stronger manipulation required for more stubborn fragment position.

Manipulation and post reduction immobilization took 15-20 minutes in most the cases.

After getting satisfactory post reduction skiagram the patients were allowed to go home. Thus hardly 45 minutes were needed and the procedure remained valuable for economy of time for both the surgeon and patient.

There is theoretical risk of infection being introduced by transforming closed fractures into open ones while injecting the local anaesthetic agent. In this present study no any patient was found to have developed local sepsis. No case was reported to have any immediate complication in relation to cardiovascular or central nervous system except in one (2.86%) patient.

(Table 9) where transient fainting and giddiness was noticed and it took two minutes before she reportedly felt normal again. No any alteration of vital parameters was recorded.

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