CONCLUSION
CONCLUSION

After the study completed and data analysed, the following conclusion was derived that:

1. The fall in pulse rate reduced the $\text{SaO}_2\%$ during the intra-operative period.
2. The hypotension reduced the $\text{SaO}_2\%$ during the intra-operative period.
3. The desaturation was more in subarachnoidal analgesia rather than general anaesthesia.
4. The finding of bradycardia (lowered heart rate) was similar in pulse oximeter and electrocardiogram.
5. The changes in rhythm were more common in patients under subarachnoidal analgesia.
6. The supplementation of oxygen inhalation during the intra-operative period increased the $\text{SaO}_2$ and greatly reduced the incidence of hypoxaemia in subarachnoidal analgesia.

With this study we conclude that pulse oximetry and electrocardiography must be essential for monitoring
during the subarachnoidal as well as general anaesthesia for elderly patients. Because decrease in $\text{SaO}_2$ detected by pulse oximeter precedes changes in skin colour and haemodynamic changes, so it is of immense help in reducing the incidence of hypoxaemia in elderly patients. And ECG changes are late signs for detection of arterial hypoxaemia so morbidity and mortality in elderly patients which have reduced adaptibility to hypoxaemia and hypercarbia.