CONCLUSIONS
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The proposed work was conducted on 225 subjects admitted in M.L.B. Medical College Hospital, Jhansi, and following conclusions were drawn:

1. There was no appreciable relationship of age and sex of the subjects to the requirement of the dose of analgesic drug.

2. The total dose of the drug depend on the body weight.

3. Onset and recovery of analgesia and motor block did not depend upon age, sex and height of patients.

4. The onset of analgesia and motor block was early with lignocaine followed by mixture (lignocaine + bupivacaine) and then bupivacaine.

5. The total duration of sensory and motor block was more in extradural as well as intradural bupivacaine as compared with mixture and lignocaine alone.

6. The epidural bupivacaine has prolong duration of analgesia as compared with intradural bupivacaine and epidural mixture.

7. Motor block is prolonged with epidural mixture of lignocaine + bupivacaine as compared to intradural mixture of lignocaine + bupivacaine and epidural
8. Degree of successful blocked segments were equal in intradural and extradural mixture of lignocaine and bupivacaine as compared to intradural lignocaine.

9. The total duration of analgesia and motor block and post-operative analgesia in extradural block were more variable than intradural block and comparatively near to that of extradural bupivacaine than intradural lignocaine.

10. Complications were more with intradural lignocaine alone and bupivacaine alone as compared with mixture of lignocaine and bupivacaine drugs.

11. There was no complication in the extradural lignocaine alone, extradural bupivacaine alone and extradural mixture of lignocaine + bupivacaine drugs.

From the above discussion, it is feasible to conclude that the extradural mixture (of lignocaine + bupivacaine) as well as intradural mixture (of lignocaine + bupivacaine) are superior than extradural bupivacaine in lower abdominal surgery, as they have early onset and least toxic, prolonged analgesia and safe.

In individual drugs extradural bupivacaine is superior than intradural bupivacaine, extradural lignocaine, intradural lignocaine for lower abdominal surgery, as prolonged analgesia and least toxic.