CONCLUSION

1. Morphine sulphate in doses of 0.10 mg/kg in premedication can safely be administered in patients with obstructive sleep apnoea syndrome provided it is administered in preoperative room, not in the ward, and patient is continuously monitored for any respiratory depression or development of cardiac arrhythmias. Patient should never be left unattended and equipment for resuscitation should always be available at bedside.

2. Higher doses of morphine in premedication are not recommended. However, if absolute necessary as in patients with Ischaemic heart disease or other alternative drugs are not available , morphine sulphate can be used provided patients are put on nasal continuous positive airway pressure preoperatively at least soon after premedication and again put on soon after patient is extubated and continued with such support for at least 48 hours post operatively.

3. Morphine causes dosed dependent respiratory depression with diaphragm sparing effect. During wakeful as in preoperative period, effects are not much pronounced as during sleep as can happen post operatively or when high doses are administered. However, one should remember morphine can totally block spontaneous respiration without necessarily producing unconsciousness.