SUMMARY

THE EFFECTSOF DİPHENHYDRAMİNE ON SEDATİON AND POSTOPERATİVE ANALGESİA AT PATİENTS TO WHOM REGİONAL ANAESTHESİA HAVE DONE

**Aim:** At this study, we aim to study the effects of diphenhydramine on sedation, hemodynami and analgesia at intraoperative and postoperative periods at the patiens to whom regional anaesthesia have done

**Materials and Methods:** Our study is done at Adnan menderes Univercity Medical School Operation rooms between the dates of June 6th-November 20th 2008. 150 patients who are between the ages of 16-70, accepteiol to join the the study, planning to be done regional anaesthesia for elective surgery and ASA clinical classification is I-III are enrolled in this study.

Preoperatively and intraoperatively; routine monitorisation is done. Bromage scala, the level of sensorial block and 5 point sedation scala are noted at 5, 10, 30, 60, 360th minutes. The pain levels are evaluated by VAS intraoperatively and postoperatively.

The groups are divided into 3 randomized. After placing a intravascular catheter and administered 20mg diphenhydramine+ 2ml %0,9 NaCl solution (n=50) to $G_{DH20}$ and 40mg diphenhydramine to $G_{DH40}$ (n=50) and 4ml %0,9 NaCl solution (n=50) to $G_K$. After administering the drugs have done spinal anaesthesia.

The time that sensorial block attained to T10 level, max sensorial block level, The patients aret the time that sensorial block retards to L1 level and the ending times of motor and sensorial blocks are recorded.

The patients are controlled at the postoperative room and in their rooms at services for 6 hours. At this time the patients are evaluated for additional analgesic supply; adverse effects and VAS and then recorded again. To patients whose postoperative VAS level is 4 and above 4 diclomec (Diclophenac Potasium) as an analgesic agent is administered intramusculary.

**Findings:** There wasn't a difference between groups for demographic data, operation times and sex. When the patients are evaluated for postoperative analgesic needs there was a statistically meaningful difference between groups ($p<0,001$). This difference was most seen between 40mg diphenhydramine and control groups and was less between 20mg diphenhydramine and control groups ($p=0,039$). There was a meaningful difference for sedation values at the 5,10,30,45,60th minutes of spinal anaesthesia between 40mg diphenhydramine and control group ($p<0,05$).

**Results:** We thought that inthe patients who are operated with spinal anaesthesia 40mg diphenhydramine as an antihistaminic makes more sedation, decreases postoperative analgesic need and has no adverse effects.

**Keywords:** Spinal anaesthesia, diphenhydramine, sedation, hemodynamy, postoperative analgesia.

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