

Abstract

A double blinded randomized controlled trial was conducted in 50 patients undergoing urologic procedures to determine the quality of analgesia, onset and duration of motor block after spinal anaesthesia with a combination of isobaric ropivacaine at 12 mg and fentanyl at 25 µg compared to spinal anaesthesia with 10 mg of isobaric bupivacaine. The patients were allocated randomly to receive spinal anaesthesia with either a combination of isobaric ropivacaine and fentanyl (Group 1, n=25) or isobaric bupivacaine (Group 2, n=25). The median (Q1,Q3) of onset time to Bromage 2 motor block was 9 (6, 12) min and 6 (3, 9) min in Group 1 and Group, respectively. The faster recovery of motor block was statistically significant in Group 1 when compared to Group 2, with a median (95% CI) of total duration of 97 (84.76, 109.24) and 183 (171.58, 194.52) min, respectively. The quality of anaesthesia was acceptable in 92% and 96% of patients in Group 1 RF and Group 2 , respectively. It can be concluded that a combination of isobaric ropivacaine at 12 mg and fentanyl at 25 µg for spinal anaesthesia could maintain the quality of analgesia adequately in the majority of patients undergoing endoscopic urologic procedures, and shorten the duration of motor block in the lower extremities during the recovery period when compared to spinal anaesthesia with isobaric bupivacaine at 10 mg.