

Original Research Paper

General Surgery

A STUDY TO FIND THE EFFICACY OF PREGABALIN IN POST OPERATIVE PAIN

Dr Zamiruddin Ahmed

Associate Professor, Department of General Surgery, PES Institute of Medical Sciences and Research, Kuppam

ABSTRACT Pregabalin is a structural similar drug of the inhibitory neurotransmitter γ -amino butyric acid but it is not functionally the same. It binds to the α -2- δ subunit of voltage-gated calcium channels reducing the release of several excitatory neurotransmitters and blocking the development of hyprealgesia and central sensitization. This study puts in a effort to find the efficacy of this drug in controlling the Post-operative pain.

KEYWORDS: Pregabalin, efficacy, analgesia, pain.

INTRODUCTION:

Pregabalin is a structural similar drug of the inhibitory neurotransmitter γ -amino butyric acid but it is not functionally the same. It binds to the α -2- δ subunit of voltage-gated calcium channels reducing the release of several excitatory neurotransmitters and blocking the development of hyprealgesia and central sensitization.

Opioids deals with acute pain and tricyclic antidepressants (TCAs) were used for chronic neuropathic conditions 1 . Pregabalin binds to the $\alpha\text{-}2\text{-}\delta$ subunit of voltage-gated calcium channels reducing the release of several excitatory neurotransmitters and blocking the development of hyprealgesia and central sensitization 2 . Pregabalin has anticonvulsant anti-hyperalgesic and anxiolytic properties similar to gabapentin, but it has a more favorable pharmacokinetic profile including dose-independent absorption 3 . Recently the role as oral pre-emptive analgesic of pregabalin for postoperative pain relief has been reviewed $^{4.5}$. This study puts in a effort to find the efficacy of this drug in controlling the diabetic neuropathy pain.

AIMS AND OBJECTIVES:

To study the efficacy of pregabalin in post-operative.

MATERIALS AND METHODS:

This study was done in the Department of Department of General Surgery, PES Institute of Medical Sciences and Research, Kuppam

This study was done using 60 patients. All were severely in pain according to pain numeric scale. They were given adjusted dose of pregabalin for 3 weeks and then they were checked for pain scores again and then reported. The study was done from July 2017 to June 2018.

Inclusion Criteria

1. The patients were aged between 30-50 years

Exclusion Criteria

1. Not consented patients

Numeric Pain Scale was used:

0	No Pain	
1–3	Mild Pain (nagging, annoying, interfering little with ADLs)	
4–6	Moderate Pain (interferes significantly with ADLs)	
7-10	Severe Pain (disabling; unable to perform ADLs)	

All the statistics were done using the SPSS software 2015 (California)

RESULTS:

Table 1: Age Distribution

Table 1.11ge bistimution		
Number	Mean age	Std Deviation
60	67.27 years	17.48 years

Table 2: Sex Distribution

Number	Male	Female
60	49	11

Table 3: Pain Scale initially

	Male	Female
Mild	41	9
Moderate	07	1
Severe	01	Nil

Table 3: Pain Scale next day of adjusted dose use:

	Male	Female
Mild	07	03
Moderate	Nil	01
Severe	Nil	Nil

Table 4: Unpaired t-Test

	p-value	Significance
Mild	< 0.05	Highly significant
Moderate	< 0.05	Highly significant
Severe	>0.05	Not significant

DISCUSSION:

Pregabalin has anticonvulsant anti-hyperalgesic and anxiolytic properties similar to gabapentin, but it has a more favorable pharmacokinetic profile including dose-independent absorption³. Recently the role as oral preemptive analgesic of pregabalin for postoperative pain relief has been reviewed⁴

It is advantageous due to high efficacy with less drug doses and less chances of aspiration pneumonitis. Due to its limitations in the form of lesser control of block height & limited duration of analgesia researchers have used battery of drugs intrathecally like vasoconstrictors, (epinephrine) opioids, (fentanyl, buprenorphine) benzodiazepines, (midazolam) ketamine and many others as adjuvant to local anaesthetics to prolong the duration of sensory block & achieve longer perioperative analgesia^{6,7}. But each of this adjuvant has certain limitations of their own hence search for better options for acute postoperative analgesia research is still continuing. Provision of effective pain relief is a prerequisite accelerated convalescence. Previously the drugs used for acute & chronic pain were categorically different. Opioids, NSAIDS & local anaesthetics were tools for dealing with acute pain and tricyclic antidepressants (TCAs) were used for chronic neuropathic conditions.

Two comparative studies gabapentin v/s pregabalin using single oral pre-emptive drug for infraumbilical surgeries under SAB, for evaluation of their comparative efficacy in terms of a cute postoperative analgesic benefits with rescue analgesic as diclofenac have shown similar results to our study. $^{8.9}$

CONCLUSION:

Pregabalin is very effective in controlling post operative pain.

REFERENCES:

- Shneker BF, McAuley JW. Pregabalin: A New Neuromodulator with broad
- therapeutic indications. Ann Pharmacother. 2005; 39: 2029-37. Chizh BH, Gohring M, Troster A, Quartey GK, Schmelz M, Koppert W. Effects of oral pregabalin and operation on pain and central sensitization in the electrical hyperalgesia model in human volunteers. Br J Anaesth. 2007; 98:
- Guay DR. Pregabalin in neuropathic pain: A more "pharmacetically elegant "gabapentin? Am J Geriatr Pharmacother. 2005; 3: 274-87.
 Frampton JE, Foster RH. Pregabalin: In the treatment of post herpetic 3.
- neuralgia. Drugs2005; 65: 111-8; 9-20.
- Gilron I. Gabapentin and pregabalin for chronic neuropathic and early postsurgical pain: Current evidence and future directions. Curr Opin Anaesthesiol 2007; 20: 456-72.
- 6. Sahu S, Sachan S, Verma A, Pandey HD, Chitra. Evaluation of Pregabalin for attenuation of postoperative pain in below umbilical surgeries under spinal
- anaesthesia. Anaesth Clin Pharmacol. 2010; 26 (2): 167-71.
 Saraswat V, Arora V. Preemptive Gabapentin vs Pregabalin for Acute
 Postoperative Pain after Surgery under Spinal Anaesthesia. Ind J of Anaesth. 2008; 52 (6): 829-834.
- Mathiesen O, Jacobsen LS, Holm HE, Randall S, Adamiec-Malmstroem L, Graungaard BK, Holst PE, Hilsted KL, Dahl JB. Pregabalin and dexamethasone for post-operative pain control: randomized controlled study in hip arthroplasty.BrJAnaesth. 2008 Oct; 101 (4): 535-41.
- Tippana EM, Hamunen K, Kontinen VK, Kalso E. Do surgical patients benefit from perioperative gabapentin/pregabalin? A systematic review of efficacy and safety. Anesth Analg. 2007; 104 (6): 1545-56.