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Thoracic epidural anesthesia and analgesia reduce postoperative ileus after retroperitoneal laparoscopic urological surgery

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Statement of the Problem: Postoperative ileus (POI) is a transient impairment of bowel motility following surgery. The etiology of POI is complex; it is primarily associated with the surgical stress response, an acute inflammatory response associated with manipulation and endogenous opioids secreted within the gastrointestinal tract in response to surgical trauma. The anesthetic management routines (e.g., opioid-sparing anesthesia and analgesia with epidural anesthesia and analgesia) that may result in reduced time to gastrointestinal recovery and hospital length of stay. The present report is to assess the effect of thoracic epidural anesthesia and analgesia for retroperitoneoscopic surgery on POI for urologic procedures.

Methodology & Theoretical Orientation: A total of 34 patients underwent retroperitoneoscopic nephrectomies were recruited for analysis.

Findings: The resumption of oral intake occurred more quickly in the group with thoracic epidural anesthesia and analgesia than the group without epidural anesthesia and analgesia after operation. The hospital stay and total convalescence time were similar for the two groups.

Conclusion & Significance: The retroperitoneoscopic nephrectomy under thoracic epidural anesthesia and analgesia reduces the time to resuming normal oral intake for patients postoperatively. However, the retroperitoneoscopic nephrectomy does not significantly improve the length of hospital stay.

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