

Intravenous Regional Anaesthesia Using Lignocaine and Tramadol

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Abstract

Introduction: This prospective, randomised, double-blind study was designed to assess if the addition of 50 mg tramadol to 30 mL 0.5% lignocaine would improve the efficacy of intravenous regional anaesthesia. **Materials and Methods:** Fifty-four adult patients undergoing upper limb surgery were randomly allocated to receive either 30 mL 0.5% lignocaine and 1 mL normal saline (group A) or 30 mL 0.5% lignocaine and 50 mg tramadol (group B). They were then assessed for onset of sensory and motor block and the VbAS score for tourniquet pain. **Results:** Although more patients in group B had a faster onset of sensory and motor block, this was not significantly different. Patients in group B had a significantly lower VbAS score 30 min after tourniquet inflation and after change over to the distal tourniquet ($P < 0.05$). There were no complaints of postoperative nausea and vomiting. Two patients in group B developed localised skin urticaria of the forearm which resolved with the release of the tourniquet. **Conclusion:** There is a positive trend that tramadol might improve the quality of intravenous regional anaesthesia.

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