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Analgesia in Day-Case ENT Surgery: The Efficacy of lornoxicam

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Objectives

Pain management is important to facilitate early mobilization after surgery. It results in a shorter hospital stay therefore leading to an early discharge and patient satisfaction which are important goals in day-case surgery. The aim of this study was to demonstrate the perioperative analgesic efficacy of lornoxicam in minor to moderate day-case ENT surgical procedures.

Study design

Hundred and five (105) patients aged between 18 to 52 years (yr) were scheduled for day-case ENT surgery and were enrolled in this randomized, double-blind study. They were divided into three equal groups to receive intravenous (IV) lornoxicam 8 mg (group l 8) or lornoxicam 16 mg (group l 16) half an hour before induction or fentanyl 100 mg (group F) at induction of anesthesia. Mean arterial pressure (MAP), heart rate (HR), electrocardiography (ECG), oxygen saturation (SpO_2) and end-tidal capnography ($EtCO_2$) were recorded during the procedure. Pain, additional perioperative analgesic requirements, the incidence of postoperative nausea and vomiting (PONV) and any adverse events were recorded at 0.5, 1, 2, 3 and 4 hours postoperatively.

Results

There were no significant demographic differences between groups. Intra-operatively, the time to first analgesic requirement in group L8 was shorter compared to other groups, while postoperatively it was shorter in group F and group L8. Visual analog scale (VAS) was significantly greater at 40 minutes postoperatively in group F and in group L8. The incidence of PONV was significantly higher in group F and group L8.

Conclusion

Lornoxicam 16 mg is comparable to fentanyl as intra-operative IV analgesia but more effective than fentanyl in preventing early postoperative pain in patients undergoing minor to moderate day-case ENT surgical procedures.

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