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Research Article

**ASSESSMENT OF GREAT ANTECUBITAL VEIN AGAINST
MINOR VEIN ON DORSUM OF HAND FOR DETERRENCE OF
PROPOFOL INOCULATION DISCOMFORT****Ghazia Nadeem, Umara Naseer, Muhammad Junaid Masood**
King Edward Medical University, Lahore.**Article Received:** September 2019 **Accepted:** October 2019 **Published:** November 2019**Abstract:**

Objective: The key objective of our current research was to assess efficiency by means of 2 diverse dimensions of veins on higher limb for deterrence of propofol intravenous inoculation discomfort.

Methodology: The current research was potential randomized medical research remained led at Lahore General Hospital Lahore from May 2018 to January 2019. The entire of 170 cases, ages among 21-54 years, both men also woman, ASA class 1 also 2, dispatched for elective operation underneath GA remained comprised in our research in addition remained alienated into 2 sets. Cases by recognized past of allergy to lidocaine otherwise propofol, overweight cases, predicted hard intubation, by now on slightly painkillers also pregnant cases remained excepted from our research. Mutually sets established an admixture of propofol (2%) - lidocaine (3%) on introduction of anesthesia concluded antecubital vein (Set-1) otherwise concluded the vein on dorsum of hand (Set-2). Discomfort remained measured as no one, minor, reasonable otherwise Spartan.

Results: Reasonable to Spartan discomfort on intravenous inoculation of propofol-lidocaine admixture concluded antecubital vein also minor vein on dorsum of hand remained 21% against 72%.

Conclusion: Here remains noticeable decrease of discomfort once propofol – lidocaine admixture remained inoculated finished antecubital manner as associated to minor attitude on dorsum of hand.

Key words: Propofol; Aching; Inoculation aching; Propofol; Veins.

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INTRODUCTION:

Propofol remains the medicine of prime for the recognition of GA also restfulness owing to their wild start, its petite period of act and its simple titration. Propofol was negligible hemodynamic variations at any agreed time, given step by step and parts decided [1]. The key objective of our current research was to assess efficiency by means of 2 diverse dimensions of veins on higher member for deterrence of propofol venous inoculation discomfort. The inappropriate sensitivity reaction with Propofol is extraordinary and explains the rate of misery on the administration of Propofol is 27-75%. Since Propofol is widely used in the clinic, its misery in administration cannot be ruled out [2]. Propofol was introduced into medical exercise in 1978, in the criophore EL structure also reformulation. When the liquid game plan was introduced in 1989, an oil-in-water suspension with soybean oil. Various interferences were undertaken to alleviate the agony of propofol fluid implantation [3]. Unfortunately, none of the interventions were considered productive to completely eliminate the agony. The distinctive instrument of agony in the field of propofol supply is not yet known. The current theory remains venous association of lidocaine - the mixture of propofol concluded a huge vein would remain extra convincing than a tiny vein on the back of the hand for compensatory activity of rapid devastation related by propofol implantation [4]. In the current research, researchers shared 2 interferences, propofol lidocaine supplementation also 2 novel vein dimensions, e.g. a giant antecubital vein also the minor attitude on the back of the hand, to discover appropriateness of intercession also event of fear of propofol implantation [5].

METHODOLOGY:

The current research was potential randomized medical research remained led at Lahore General Hospital Lahore from May 2018 to January 2019. The entire of 170 cases, ages among 21-54 years, both men also woman, ASA class 1 also 2, dispatched for elective operation underneath GA remained comprised in our research in addition remained alienated into 2 sets. Cases by recognized past of allergy to lidocaine otherwise propofol, overweight cases, predicted hard intubation, by now on slightly painkillers also pregnant cases remained excepted from our research. Discomfort remained measured as no one, minor, reasonable otherwise Spartan. In the course of getting institutional good review leading body of trustees underwriting and taught created consent from all 170 patients developed 21 to 54 years of both sexes, ASA Class I and II, posted for elective medical procedures according to General Anesthesia were consolidated in

this basic good review of underwriting and taught. Cases through recognized past of susceptibility to lidocaine otherwise propofol, Husky cases who predicted uncomfortable intubation, ASA 3 also 4, as of now palliatives also pregnant women remained excepted from examination. After preoperatively assessment, altogether cases remained informed around explanation of pain on a visual, uncomplicated level. The seriousness of the distress was considered as 0 = no agony, 2-5 = delicate agony, 6-8 = medium agony and 9-10 = extraordinary agony. Patients were instructed to report to the investigator the intensity of the pain they had experienced in numbers. Until then, the recognition of anaesthesia continued as expected. Upon arrival at the action area, NIBP, HR and SpO₂ remained noted by way of measures, formerly afterwards early 40% injection of Propofol and finally after the rest of the part of Propofol. Quantifiable test: An original package for humanistic systems (SPSS) version 23 remained exercised for statistics range and evaluation. Mean also SD remained determined for quantitative components such as heart rate, age, weight and height. Tests t - test was assigned for quantitative elements such as age, weight, stature. The coordinated model T test was performed for the assessment of heart rate from standard and after the entire part of Propofol implantation. Chi-square was associated for abstract elements such as sexual direction, pace of agony specifying after propofol implantation. The data were presented with exceptional quality and rates or average through SD wherever possible. A model size of 170 achieved 83% ability to detect a fundamental difference between social affairs at "alpha" of 0.06 with 2-degree opportunity X² test. A total of 170 patients (n = 85 patients per meeting) remained arbitrarily allocated to solitary of meetings by means of the PC-based self-confident quantity table.

RESULTS:

The over-all of 170 cases remained encompassed in our research. Not any truly immense balance was found between the two social affairs in terms of age, sexual orientation, stature and weight (Table 1). All in all, the event of misery was on propofol mixture in the two social affairs 87%. In set-1(n = 85) cases uncovered, not any misery = 19 (24%), sensitive agony = 46 (57%), moderate agony = 17 (21%) and real agony = 2 (2%). At set-2(n = 82) patients point by point, no desolation = 5 (6%), tender agony = 20 (26%), moderate agony = 32 (36%) and real agony = 27 (33%) at propofol supply (Table2). The qualification in the qualification of the propofol mixture between social events was demonstrably decisive (p<0.002). The average misery score on VAS

in set 1 versus group 2 was 3.64 ± 2.81 versus 6.96 ± 3.78 ($p = 0.002$, Table 2). The refinement in the reality of agony (no agony, delicate, delicate, reasonable also outrageous) in set 1 versus group 2 was crucial (Table 2). The HR was considered a physiological parameter, in set 1 mean Heart Rate also the HR subsequently the

full part of Propofol was 84.29 ± 13.16 versus 78.58 ± 12.03 ($p < 0.002$). In Set 2, the average benchmark HR and HR after the full segment of Propofol remained 88.09 ± 12.23 versus 89.64 ± 10.87 ($p = 0.255$ (Table 2).

Table 1: The assessment of case features in 2 sets:

Case Feature	Set-1	Set-2	P value
Age	35.4 ± 10.4	34.5 ± 8.9	0.548
Tallness	166.8 ± 5.7	165.2 ± 9.3	0.167
Mass	76.4 ± 13.8	77.3 ± 10.5	0.649
Sex Man/Woman	38/42 48% / 52%	35 / 45 44% / 56%	0.377¥

Table 2: The assessment of discomfort on propofol inoculation also HR in Set-1 also Set-2.

Case Features	Set-1 Antecubital of Vain	Set-2 Vein Dorsum of Hand	p-value
Harshness of discomfort – described through cases			
Not any discomfort	4(5%)	18(23%)	0.002¥
Slight	19(24%)	45(56%)	
Reasonable	31(39%)	16(20%)	
Severe	26(32%)	1(1%)	
Visual Analog Scale	5.95 ± 2.79	2.63 ± 1.80	0.002
HR			
• Starting point	88.09 ± 13.4	83.28 ± 12.1	
• Afterwards complete dosage propofol	88.68 ± 9.8	76.57 ± 11.0	
• p value	0.254≠	< 0.001≠	

DISCUSSION:

Propofol remains the standard prescription for recognition of anesthesia also sedation in emergency room in addition for endoscopic strategies. Propofol mix torture remained the eighth maximum dangerous of forty-four clinical anesthesia difficulties. Tactlessly, in spite of its universality, the torment of its mixture is still doubtful today, since the exact instrument of this torment has not yet been clarified [6]. This repression in understanding the explanation for the desolation of propofol implantation requires several inspectors to deal with the problem. Some inspectors require that lipid soluble in propofol establishes plasma kallikrein kinin scheme also creates bradykinin, leading to adjacent vein vasodilatation and over permeability [7]. This change in peripheral vein can rise interaction among aqueous stage propofol also the permitted nerve conclusions of vessel that cause discomfort. Pharmacological intercessions with various medications were sought, pre-cure with lidocaine by venous obstruction. Pre-cure by ketamine, opiates, non-steroidal sedative medicines,

magnesium sulfate, ondansetron, ramosone Tron, Tramadol, acetaminophen, dexamethasone, dexmedetomidine and propofol emulsions with medium- and long-chain triglycerides were considered and kept in mind [8]. Plus, Propofol moves faster from the mixing site when more blood is available to distribute the bolus. Researchers followed 2 finest in addition most direct approaches in addition considered agony of propofol implantation with two distinctive vein sizes at the upper extremities. Researchers have exercised little vein at the dorsum of the hand and an enormous antecubital vein in the forearm. Researchers originate that the use of a giant vein is superior to the use of a small vein. Researchers had strained to test the suitability of 25 milligrams of lidocaine in Propofol [9]. At whatever point Lidocaine - Propofol addition was soaked through a small vein on the back of the hand, more distress is caused when it stands out from the great antecubital vein. The current outcomes remain in line with the revelations of Jalisa and Kim. Absolutely, mixture of two methods was not able to completely eliminate the propofol mixture. In light of

these distinctions, we suggest at what time possible propofol in a mixture with lidocaine should be given concluded a gigantic vein [10].

CONCLUSION:

This current research displays that mixture of 2 modest procedures propofol-lidocaine admixture also huge antecubital vein remained incapable to eliminate discomfort entirely. Here remains noticeable decrease of discomfort once propofol – lidocaine admixture remained inoculated finished antecubital manner as associated to minor attitude on dorsum of hand. Though, here remained substantial decrease in aching once lidocaine–propofol admixture stayed inoculated concluded huge antecubital vein by way of associated to unimportant vein on dorsum of hand.

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