

DOES BUPIVACAINE IN LAPAROSCOPIC PORTS REDUCE POST SURGERY PAIN IN TUBAL LIGATION BY ELECTROCOAGULATION?

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Anesthesia in Tubal Ligation is a controversial topic, with few clinical trials about by Electrocoagulation. Objective: To compare objectively the pain reduction with bupivacaine versus placebo in trocar ports after laparoscopic tubal ligation with electrocoagulation under general anesthesia. Methods: Consecutive patients scheduled for laparoscopic tubal ligation were randomized to bupivacaine 0.5% (n = 29) or placebo (n = 23) using sealed and in sequence envelopes. Sterilization was performed in a standard fashion. Pain was blindly assessed at 15, 30 minutes, and 2 and 24 hours postoperatively. Standard pain medications were prescribed for the subjects and compared between groups. Sample size was calculated to find a difference of >0.1 in a 0-10 pain scale, having an alpha and beta error of 0.05 and 0.8 respectively. Results: No difference was found between bupivacaine and placebo groups at all times: 15min: 3(1-6.3) vs. 4(0-7); 30min: 1.5(0-4.3) vs. 2(0-5); 2h: 0(0-0.5) vs. 0(0-1); 14h: 1(0-4) vs. 0(0-4), and for use of analgesics: dipyrone (g): 1(0-1) vs. 1(0-1); morphine (mg): 3(0-3) vs. 3(0-3.5); diclofenac (mg): 0(0-50) vs. 0(0-50) [bupivacaine vs. placebo - median(25-75 quartiles)] (all $P>0.05$). Conclusion: The use of local injection of bupivacaine 0.5% in the trocars ports was not superior than placebo to reduce pain after laparoscopic tubal ligation with electrocoagulation under general anesthesia.