ABSTRACT

- **OBJECTIVE:** To determine whether the use of dexamethasone reduces the pain, nausea and post-operative vomiting in children operated by cleft lip and palate.

- **MATERIAL AND METHODS:** Prospective, single blind, randomized, longitudinal study of intervention. In 60 the National Institute of child health patients scheduled for elective surgery were divided into two groups: “D” (n = 30) who received 0.25mg/kg of intravenous dexamethasone prior to the surgical incision and “C” (n = 30) that did not receive dexamethasone. In addition both groups were given 0.1 to 0.2 mg7kg metoclopramide in cases of nausea and vomiting. In some cases rescue analgesia administered (30mg/kg dipirone 30min) and inhaled anesthetic plane.

- **RESULTS:** In Group D at 0 minutes there was no pain (50%) or was mild intensity (50%) while that in Group C 23% had moderate pain (p < 0.05). 60 (p< 0.05). After 30 minutes the pain was slight by 94 per cent in Group D while that in Group C 23% had mild pain (p < 0.05). 60 And 120 minutes, the intensity of pain was similar in both groups. The dose of rescue for the management of pain was necessary in 67% of the patients in Group D and 87% in Group C (p = 0.01). The incidence of nausea and vomiting average for GroupD was 36.7% and for Group C was 73.1% (p < 0.05). The need to rescue for PONV dose was 39.3% in Group D and 60.7 per cent in Group C (p < 0.05). Incidence of nausea and vomiting average for GroupD was 36.7% and for Group C was 73.1% (p < 0.05). The need to rescue for PONV dose was 39.3% in Group D and 60.7 per cent in Group C (p < 0.05). In addition both groups were given 0.5mg/kg of ketorolac EV 30 minutes before the end of surgery.

- **CONCLUSION:** Dexamethasone significantly decreased the pain, nausea and vomiting post operatively and reduces the intensity of pain. Keywords: Dexamethasone, postoperative pain, nausea and vomiting.

**OBJECTIVES**

- Determine whether the use of dexamethasone reduces postoperative pain intensity, and frequency of postoperative nausea and vomiting.

- Determine whether the use of dexamethasone reduces the need for rescue analgesia and the need for rescue antiemetics postoperatively.

- Evaluate the presence of adverse effects from the use of dexamethasone.

**MATERIAL AND METHODS**

- Aprospective, single-blind, randomized, longitudinal intervention.

- Composed of sixty patients of the National Institute of Child Health, scheduled for surgery for cleft lip and palate, of both sexes, who were divided randomly into two groups “C” control group (n = 30), which did not receive dexamethasone and the group “D” (n = 30) which received 0.25 mg/kg dexamethasone before surgery.

- Inclusion criteria, patients aged 2 to 5 years, ASA I, II, patients undergoing surgery for cleft lip and palate and patients undergoing general anesthesia. Duration of surgery less than 2 hours.

- Exclusion criteria, patients treated with corticosteroids, patients undergoing cleft lip surgery differently, patients with hypersensitivity to NSAIDS.

- Anesthetic induction with fentanyl (1ug/Kg) and propofol (1-2 mg / kg) were administered afterrocunium 0.5 mg .kg, and proceeded to intubation, and maintenance using a 2% sevoflurane - 4% depending on hemodynamic variables maintaining adequate anesthetic plane.

- In addition to the two groups were administered 0.5 mg / kg of ketorolac EV 30 minutes before the end of surgery.

- During the first two hours after surgery were evaluated for pain Visual Analog Scale (VAS: 0-10), and nausea and vomiting.

- In some cases rescue analgesia administered (30mg/kg dipirone EV) and 0.1 to 0.2 mg/kg rescue analgesic medication was administered in case of nausea and persistent vomiting.

- RESULTS:

  1. **Incidence of nausea and vomiting pos operative.**

  2. **Keywords:** Dexamethasone, postoperative pain, nausea and vomiting.

- **REFERENCES**


  2. Dexamethasone significantly decreased the presence of nausea and vomiting post operatively. Dexamethasone scheme used within a multimodal pain treatment, in this case associated with ketorolac, reduces the intensity of pain EVA (3-5) and the need for rescue analgesia within 120 minutes postoperatively. The use of a single dose of dexamethasone 0.25 mg / kg is safe and causes no side effects.

**RESULTS**

- At the time of admission (0 minutes) of patients in the PACU, it was observed that in the dexamethasone group showed no pain (50%) or the pain was mild (50%), while in the control group, the and pain was moderate in 43.3% of patients (13) (p <0.05) (Tables 1 and 2). No patients in the dexamethasone group showed moderate pain (Figure 1).

- The 13 patients in the control group, who had a greater than or equal to EVA 4 received DIPIRONE 100,0%

- At 120 minutes, the vast majority in both groups had received rescue analgesic thus still present pain intensity decreased, but this decrease in pain intensity was not statistically significant (p = 0.72) when comparing both groups (Tables 5 and 6).

**CONCLUSIONS**

Dexamethasone significantly decreased the presence of nausea and vomiting post operatively. Dexamethasone scheme used within a multimodal pain treatment, in this case associated with ketorolac, reduces the intensity of pain EVA (3-5) and the need for rescue analgesia within 120 minutes postoperatively. The use of a single dose of dexamethasone 0.25 mg / kg is safe and causes no side effects.

**REFERENCES**

2. Dexamethasone significantly decreased the presence of nausea and vomiting post operatively. Dexamethasone scheme used within a multimodal pain treatment, in this case associated with ketorolac, reduces the intensity of pain EVA (3-5) and the need for rescue analgesia within 120 minutes postoperatively. The use of a single dose of dexamethasone 0.25 mg / kg is safe and causes no side effects.