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اسم الباحث:

تاريخ اعتماد تسجيل البحث: 2013/01/03

نوع البحث: تطبيقي

عنوان البحث:

طريقة البحث:

Different adjuvants have been used to improve quality and increase duration of the local anesthetic during various nerve block techniques. The current study was aimed to evaluate effect of adding dexamethasone to bupivacaine on the quality and duration of transversus abdominis plane (TAP) block.



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Sepsis management remains a great challenge for intensive care medicine. The aim of this study was to evaluate the effect of adding dobutamine versus epinephrine to norepinephrine in treating septic shock patients refractory to fluid therapy.



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**Dexmedetomidine, is a selective  $\alpha_2$ -adrenoceptor agonist that is used as an adjuvant mixed with local anesthetics during regional anesthesia. This study was designed to test the efficacy of adding dexmedetomidine to bupivacaine during placement of infraclavicular brachial plexus blockade (ICB).**



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**The use of antifibrinolytic agents including tranexamic acid (TXA), aprotinin, and aminocaproic acid is popular in cardiac, gynecologic, and obstetric surgeries to overcome the increased fibrinolytic activity associated with these procedures**



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**One lung ventilation (OLV) during thoracic surgery may induce alveolar cell damage and release of pro-inflammatory mediators that might affect postoperative outcome. The current trial was planned to evaluate effect of propofol versus isoflurane anesthesia on alveolar and systemic immune-modulation during thoracic surgery.**



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**Alveolar recruitment is a physiological process that denotes the reopening of previously gasless lung units exposed to positive pressure ventilation. The current study was aimed to compare two recruitment maneuvers, a high continuous positive airway pressure (CPAP), and an extended sigh in patients with ARDS**



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Several studies have reported that the antioxidant properties of N-acetyl-cysteine (NAC) can provide cardiac protection through scavenging of free radicals. The present study was aimed to assess the efficacy of NAC for cardiac protection in patients undergoing elective abdominal aortic aneurysm (AAA) repair



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**The infraclavicular brachial plexus block (ICB) is designed to deposit anesthetic high in the plexus, achieving anesthesia of the hand, forearm, elbow, and distal arm. Adenosine is a metabolic intermediate that is involved in nearly all aspects of cell function, including neurotransmission and signal transduction. This study was aimed to show whether addition of adenosine to bupivacaine in ultrasound-guided ICB had an analgesic effect.**





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**The effect of isoflurane and propofol on skeletal muscle ischemia-reperfusion injury is not clear. In this study, we investigated whether isoflurane or propofol protects against ischemia reperfusion injury in lower limb skeletal muscles induced by the use of orthopedic tourniquet.**



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مقارنة بيه تأثير البروبوفول و السيفوفلوران علي اصابة الكلي أثناء عمليات جراحة القلب

طريقة البحث:

Fifty patients scheduled for cardiac surgery will be randomised to receive NAC infusion (n=25) or placebo infusion (n=25). NAC infusion in group I (NAC group) was started at a rate of 0.3 mg/kg/min IV during surgery then decreased to a rate of 0.2 mg/kg/min for 24 hrs postoperatively. Group II (Placebo group) received an equivalent rate of placebo infusion. Urinary specific kidney proteins (N-acetyl-beta-Dglucosaminidase, alpha-1-microglobulin, glutathione transferase-pi, glutathione transferase-alpha) will be measured within 5 min of starting anaesthesia as a base line (T0), at the end of surgery (T1), 8h after surgery (T2), 16h after surgery (T3) and 24 h postoperatively (T4). Serum pro-inflammatory cytokines (tumor necrosis factor- $\alpha$  and interleukin 1- $\beta$ ) will be measured at the same time points. In addition, serum creatinine and cystatin C will be measured before starting surgery as a baseline, and at days 1, 3, 6 after surgery. Furthermore, serum malondialdehyde (MDA), and total antioxidant capacity (TAC) were measured preoperatively as a baseline, during aortic clamping, 30 min



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طريقة البحث:

Fifty patients scheduled for cardiac surgery will be randomised to receive propofol anaesthesia in group I or sevoflurane anaesthesia in group II. Urinary specific kidney proteins (N-acetyl-beta-Dglucosaminidase, alpha-1-microglobulin, glutathione transferase-pi, glutathione transferase-alpha) will be measured within 5 min of starting anaesthesia as a base line (T0), at the end of surgery (T1), 8h after surgery (T2), 16h after surgery (T3) and 24 h postoperatively (T4). Serum pro-inflammatory cytokines (tumor necrosis factor- $\alpha$  and interleukin 1- $\beta$ ) will be measured at the same time points. In addition, serum creatinine and cystatin C will be measured before starting surgery as a baseline, and at days 1, 3, 6 after surgery.