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Intravenous Lignocaine Infusion Is Effective and Safe as Pain Control for Elective Laparoscopic Colectomy Patients which Enhance Returning of Bowel Function

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Introduction

Post operative ileus is always a concern after major abdominal surgery. Intravenous lignocaine infusion can have opioid sparing effect as pain control to minimize ileus. The clinical efficacy and safety for this regime is important for us to monitor and review.

Objectives

To review the case series with intravenous lignocaine infusion as pain control for elective laparoscopic colectomy in NDH. The clinical safety (in terms of any adverse reaction) and clinical outcome (in terms of pain control effectiveness, post-operative ileus, and length of stay) are reviewed.

Methodology

Case notes of elective laparoscopic colectomy patients during the above period who had perioperative lignocaine infusion as pain control were reviewed retrospectively. Any adverse reaction related to lignocaine infusion, pain score, time to return bowel function and length of stay were reviewed.

Result

The postoperative pain control was satisfactory with mean satisfaction score 7.95. There was no severe adverse reaction related to lignocaine infusion. The median time for first bowel opening was 3 days. The median post operative length of stay was 6 days. In conclusion, intravenous lignocaine infusion is effective and safe as pain control for elective laparoscopic colectomy patients which enhance returning of bowel function.