

## **Spinal Anaesthesia in Sitting Position for 30 Seconds Vs Conventional Spinal Anaesthesia: Which is Better?**

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### **ABSTRACT**

Spinal anesthesia can be performed with the patient in either sitting or lateral position, and each position has its advantages and disadvantages. The injection of a local anesthetic into the subarachnoid space leads to temporary blocking of nerve conduction in the spinal nerve roots and paralysis of the autonomic, sensory and motor nerve fibers. After approval of institutional ethical committee and written informed consent, a randomized double blind study was done. Sixty patients admitted for lower abdominal surgery were randomly divided into 2 groups using slip in box technique: Group I: sitting for a period of 30 sec after intrathecal injection; Group II: made supine immediately after intrathecal injection. Data regarding onset of block, fixation time and level of block were noted. Postoperatively, the pain score was recorded by using visual analog pain scale (VAS) .Statistical analysis was done using the Statistical Package for Social Science (SPSS15.0 Evaluation version). It was found that the onset of analgesia, the fixation time of drug, the maximum fall in MAP recorded and the minimum average heart rate shows significant differences between Group I & Group II. Other parameters are not showing any significant changes.

The study concludes that sitting position for 30 seconds and consideration of point of dissection of upper and lower planes of body gives slow, predicted, and desired level of analgesia. Keeping the patient in sitting position helps to prevent high spinal and gives better haemodynamic stability. This technique should be incorporated in daily practice for better results after spinal anesthesia.