Preoperative lornoxicam for pain prevention after tonsillectomy in adults

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ABSTRACT

Study Objective: To evaluate the efficacy of preoperative lornoxicam on postoperative pain management following tonsillectomy.
Design: Prospective, randomized, double-blinded, placebo-controlled study.
Setting: King Fahd University Hospital.
Patients: 40 adult, ASA physical status I and II patients scheduled for tonsillectomy.
Interventions: Patients were randomly allocated to two groups to receive either intravenous (IV) lornoxicam 16 mg (Group L) or saline as control (Group C) preoperatively. Anesthesia was induced using IV fentanyl and propofol, while endotracheal intubation was facilitated with rocuronium, and maintenance was accomplished using nitrous oxide and sevoflurane.
Measurements: Pain scores at rest and on swallowing, intraoperative bleeding, interval until first request for rescue diclofenac suppository, and total diclofenac dose given in the first 12 and 24 hours postoperatively were recorded. The frequency of postoperative complications including bleeding, hypoxia, nausea and vomiting also were observed.
Main Results: Pain scores at rest were significantly lower in Group L than Group C at all observation times. Similarly, pain scores on swallowing were lower in Group L during the first 4 postoperative hours. The maximum verbal pain scale (VPS) in the control group was 7 (5.75 - 8 median, interquartile range) and in the lornoxicam group, it was 4 (4 - 5 median, interquartile range) (P b 0.001). The total diclofenac dose during the immediate postoperative 12 hours was significantly lower in Group L than Group C (65 ± 24 mg vs. 20 ± 25 mg, respectively; P b 0.001). No significant differences were noted for intraoperative bleeding. The frequency of postoperative nausea and vomiting was similar in both groups.
Conclusion: Preoperative 16 mg lornoxicam was effective for immediate postoperative pain relief after tonsillectomy in adults.