ABSTRACT

Objective: To observe whether the injection of ketamine and propofol in the end of surgery could prevent emergence agitation in sevoflurane anesthesia.

Method: After getting the approval from the Ethic Committe of USU Medical School and Haji Adam Malik General Hospital, Double blinded, a randomized clinical trial on 48 pediatric patients, 2 to 10 years, physical state ASA-1 and 2 who underwent elective surgery with general anesthesia with sevoflurane in Haji Adam Malik General Hospital. The sample are divided into two groups each with 24 subjects. Group A received Ketamine 0.5 mg/kgBW IV 10 minute before the surgery ended and group B received Propofol 1 mg/kgBW IV 10 minute before the surgery ended. All patient receive induction and maintained with sevoflurane. All patients receive post operative pain management ketorolac injection 0.5 mg/kgBW/IV. This study observed the agitation that occurred during the stay at PACU. The agitation was observed with PAED Score. PAED score above 10 considered as agitation. An incidence of any side effects were also recorded.

Result: The study reveals that the agitation occurred more frequently in propofol than ketamine group, statistically no significant difference between groups (p > 0.05) On the whole sample we did not found prolonged extubation, prolonged length of stay in PACU, nausea and vomit effect during the postoperative time in PACU.

Conclusion: There were no significant statistical differences between the two groups incidence of agitation. Furthermore, ketamine 0.5 mg/kgBW/iv can be an alternate drug beside propofol 1 mg/kgBW/iv to reduce emergence agitation in pediatric patients.

Keywords: Agitation, sevoflurane, PAED Score