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ABSTRACT

A Randomized Controlled Trial Comparing Midazolam, Dexmedetomidine and Midazolam with Dexmedetomidine For Sedation During Awake Fiberoptic Intubation (AFOI) in difficult airway.

INTRODUCTION

Fiberoptic intubation is a technique for establishing airway access in difficult airways. Midazolam is a benzodiazepine with potent sedative activity but can cause respiratory depression. Dexmedetomidine is a selective alpha-2-adrenoceptor agonist with properties of sedation, anxiolysis with minimal respiratory depression.

The aim of this study is to evaluate and compare the efficacy of midazolam and dexmedetomidine and their combination for AFOI.

METHODS

A double blind study including adult (18-60 years) with ASA I/II patients with Wilson score > 6 . Topical anesthesia was given.

Group A received a loading dose of iv *dexmedetomidine* 1 µg/kg bolus infusion followed by an infusion of 0.5 µg/kg/hr until their RSS was ≥ 2 .

Group B received iv *midazolam* 0.05 mg/kg with additional doses 0.05 mg/kg until their RSS was ≥ 2 .

Group C received iv *midazolam* 0.02 mg/kg followed by *dexmedetomidine* 0.5 µg/kg bolus infusion over 10 minutes and then dexmedetomidine 0.2 µg/kg/h infusion until their RSS was ≥ 2 .

FOB was done by a senior anesthesiologist.

RESULTS & CONCLUSIONS

The Group C patients were significantly calmer with minimal hemodynamic variation. Also time taken to reach RSS ≥ 2 and for intubation was least in this group where patients received both the drugs.

REFERENCES

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