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## Effects of dexmedetomidine versus ketorolac as local anesthetic adjuvants on the onset and duration of infraclavicular brachial plexus block

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Infraclavicular brachial plexus block is an appropriate approach for distal arm and forearm surgeries. We examine the effects of dexmedetomidine and ketorolac as local anesthetic adjuvants on infraclavicular brachial plexus block under ultrasound guide technique. In a clinical trial study, 111 ASA class I and II patients who were candidates for elective distal arm and forearm surgeries divided into three 37 patient groups. In dexmedetomidine group, 25 mL of lidocaine 1.5% plus 4 ml of normal saline and 100 mcg of dexmedetomidine was injected. Ketorolac group received 25 mL of Lidocaine 1.5% plus 5 mL of ketorolac, and placebo group received 25 mL of lidocaine 1.5% plus 5 mL of ketorolac, and placebo group received 25 mL of lidocaine 1.5% plus 5 mL of sensory block onset (P=0.177). Motor block onset was statistically less in dexmedetomidine compared to both groups (both Ps<0.001). Sensory block duration in dexmedetomidine was longer than ketorolac and placebo groups (both Ps<0.001). Time to first analgesic request after the procedures was longer in ketorolac compared to placebo group (P=0.003). We showed that dexmedetomidine had better effects on sensory and motor block duration and motor block onset in comparison with ketorolac. However, the first time to analgesic request by ketorolac was longer than dexmedetomidine.

## **Biography**

Alireza Mirkheshti graduated from Tehran Medical University as general practitioner at the age of 26 and studied Anesthesiology at Shahid Beheshti University of Medical Sciences (SBMU), Tehran, Iran. He graduated as an Anesthesiologist at the age of 31 and began to work at SBMU as an Assistant Professor of Anesthesiology. He has published more than 18 papers in reputed journals and presented more than 6 lectures in international congresses. He is serving as a faculty member at Shahid Beheshti University of Medical Sciences, Iran.