ALIADE Association Limousine des Infirmier(e)s Anesthesistes Diplômés d'Etat

OFA : Mise au point

Dr. S. Ponsonnard

ALIADE

1 Avril 2017

Liens d’intérêts

Marmiton.org : OFA

Agoniste α-2 adrénergique (clonidine ou dexmedetomidine)

Lidocaïne

Kétamine

Sulfate de magnésium

Hypnotique

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1. Sufentanil Sublingual Tablet 30 mcg for the Management of Pain Following Abdominal Surgery: A Randomized, Placebo-Controlled, Phase-3 Study.
Minkowitz HS, Leiman D, Melson T, Singla N, DiDonato KP, Palmer PP.
Pain Pract. 2016 Oct 26. doi: 10.1111/papr.12531. [Epub ahead of print]
PMID: 27781372
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2. The Impact of Paravertebral Block Analgesia on Breast Cancer Survival After Surgery.
Cata JP, Chavez-MacGregor M, Valero V, Black W, Black DM, Goravanchi F, Ifeanyi IC, Hernandez M, Rodriguez-Restrepo A, Gottumukkala V.
Reg Anesth Pain Med. 2016 Nov/Dec;41(6):696-703.
PMID: 27685344
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3. Comparison of spinal block after intrathecal clonidine-bupivacaine, buprenorphine-bupivacaine and bupivacaine alone in lower limb surgeries.
Arora MV, Khan MZ, Choubey MS, Rasheed MA, Sarkar A.
Anesth Essays Res. 2016 Sep-Dec;10(3):455-461.
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[**Opioid-free** total intravenous **anesthesia** with propofol, dexmedeto [Rev Bras Anestesiol. 2015]

Opioid-free total intravenous **anesthesia** with propofol, dexmedetom [Braz J Anesthesiol. 2015]

Dexmedetomidine for awake intubation and an **opioid-free** general [Drug Des Devel Ther. 2014]

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1. Adding a transversus abdominis plane block to parenteral **opioid** for postoperative analgesia following trans-abdominal hysterectomy in a low resource setting: a prospective, randomised, double blind, controlled study.
Moyo N, Madzimbamuto FD, Shumbairerwa S.
BMC Res Notes. 2016 Jan 28;9:50. doi: 10.1186/s13104-016-1864-2.
PMID: 26821876 Free PMC Article
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2. Direct Field Block with 40 ML of 0.125% Bupivacaine in Conjunction with Intrathecal Morphine for Analgesia after Cesarean Section: A Randomized Controlled Trial.
Triyasunant N, Chinachoti T, Duangburong S.
J Med Assoc Thai. 2015 Oct;98(10):1001-9.
PMID: 26638592
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3. Effect of postoperative analgesia on acute and persistent postherniotomy pain: a randomized study.
Bugada D, Lavand'homme P, Ambrosoli AL, Klersy C, Braschi A, Fanelli G, Saccani Jotti GM, Allegri M; SIMPAR group..
J Clin Anesth. 2015 Dec;27(8):658-64. doi: 10.1016/j.jclinane.2015.06.008

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Titles with your search terms

Opioid-free general **anesthesia** in patient with Steinert syndrome (r [Medicine (Baltimore). 2016]

[**OPIOID-FREE ANESTHESIA**, ANALGESIA AND SEDATION II [Anesteziol Reanimatol. 2015]

Urinary Retention is Rare After Total Joint Arthroplasty When Using O [J Arthroplasty. 2016]

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[Pharmacological Action] OR
"analgesics, opioid"[MeSH Terms] OR
("analgesics"[All Fields] AND
"opioid"[All Fields]) OR "opioid
```

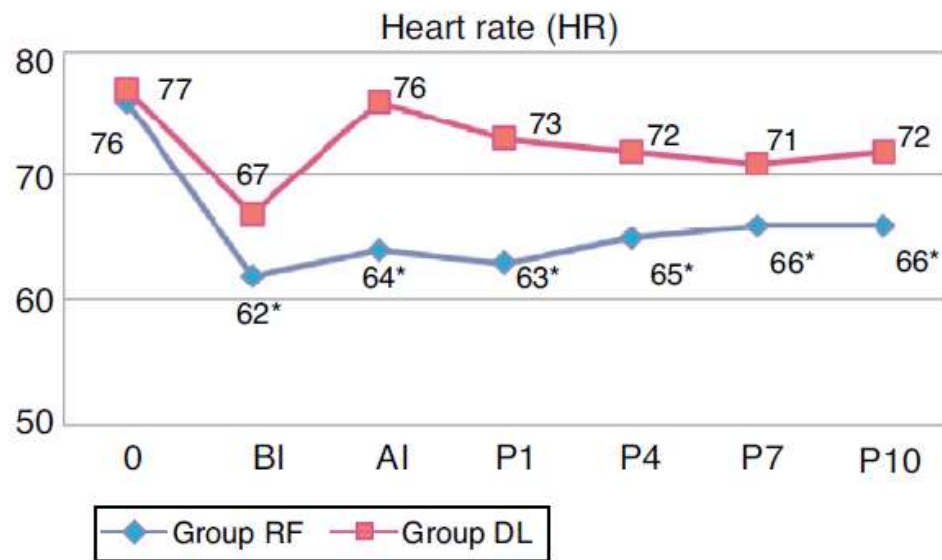
IA Official Publication of the Brazilian Society of Anesth
www.sb

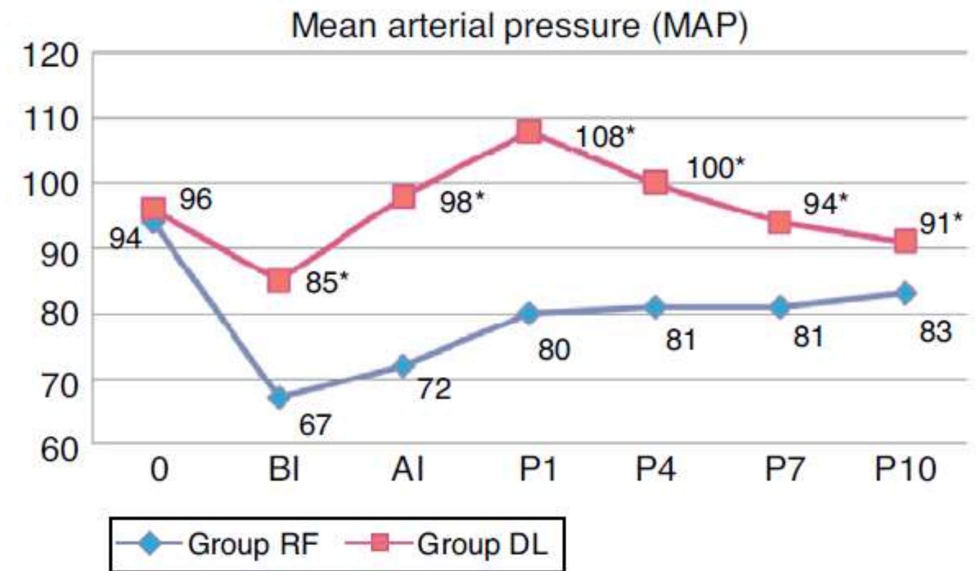
Opioid-free total intravenous anesthesia with propofol, dexmedetomidine and lidocaine infusions for laparoscopic cholecystectomy: a prospective, randomized, double-blinded study☆

Prospective
Randomisée
Contrôlée

Bakan et al. Rev Bras Anesthesiol. 2015.

Table 4 Postoperative pain intensity analysis.





NS, not significant, Max-NRS, maximal numeric rating scale score for pain intensity at the surgical ward after PCA was discontinued.

Prospective
Randomisée
Contrôlée

Bakan et al. Rev Bras Anestesiol . 2015.

British Journal of Anaesthesia 112 (5): 906–11 (2014)
Advance Access publication 18 February 2014 · doi:10.1093/bja/aet551

BJA

Opioid-free total intravenous anaesthesia reduces postoperative nausea and vomiting in bariatric surgery beyond triple prophylaxis

TIVA :
Propofol
Ketamine
Demedetomidine

Classique :
Halogéné
Morphinique

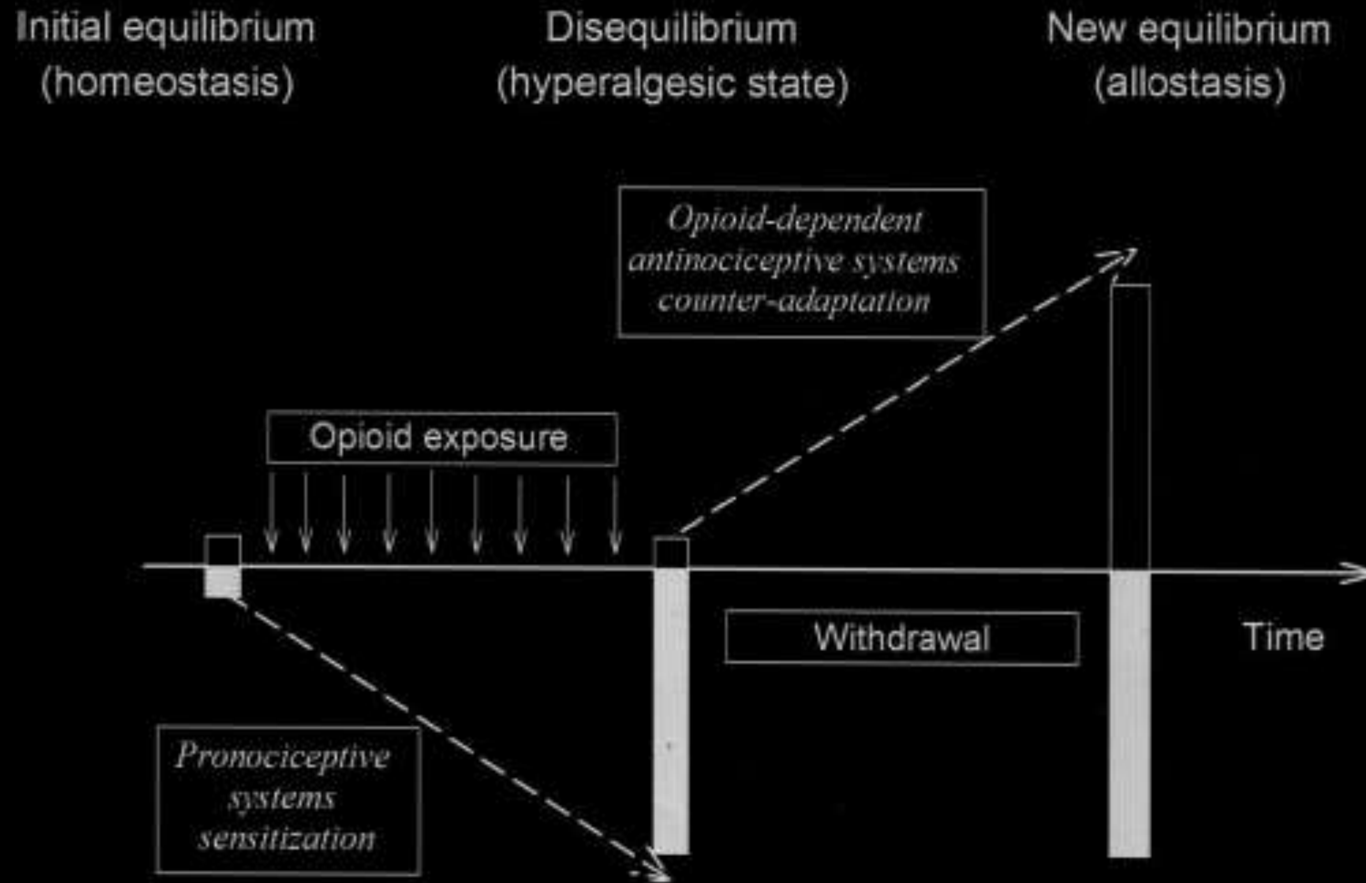
Prospective
Randomisée
Contrôlée

Ziemann-Gimmel et al. Br J Anaesth. 2014.

Merci de votre attention

Pourquoi je ne veux pas de morphiniques ?

Hyperalgésie post morphinique



Celerier et al. J Neurosci. 2001.

Hyperalgésie post morphinique

50

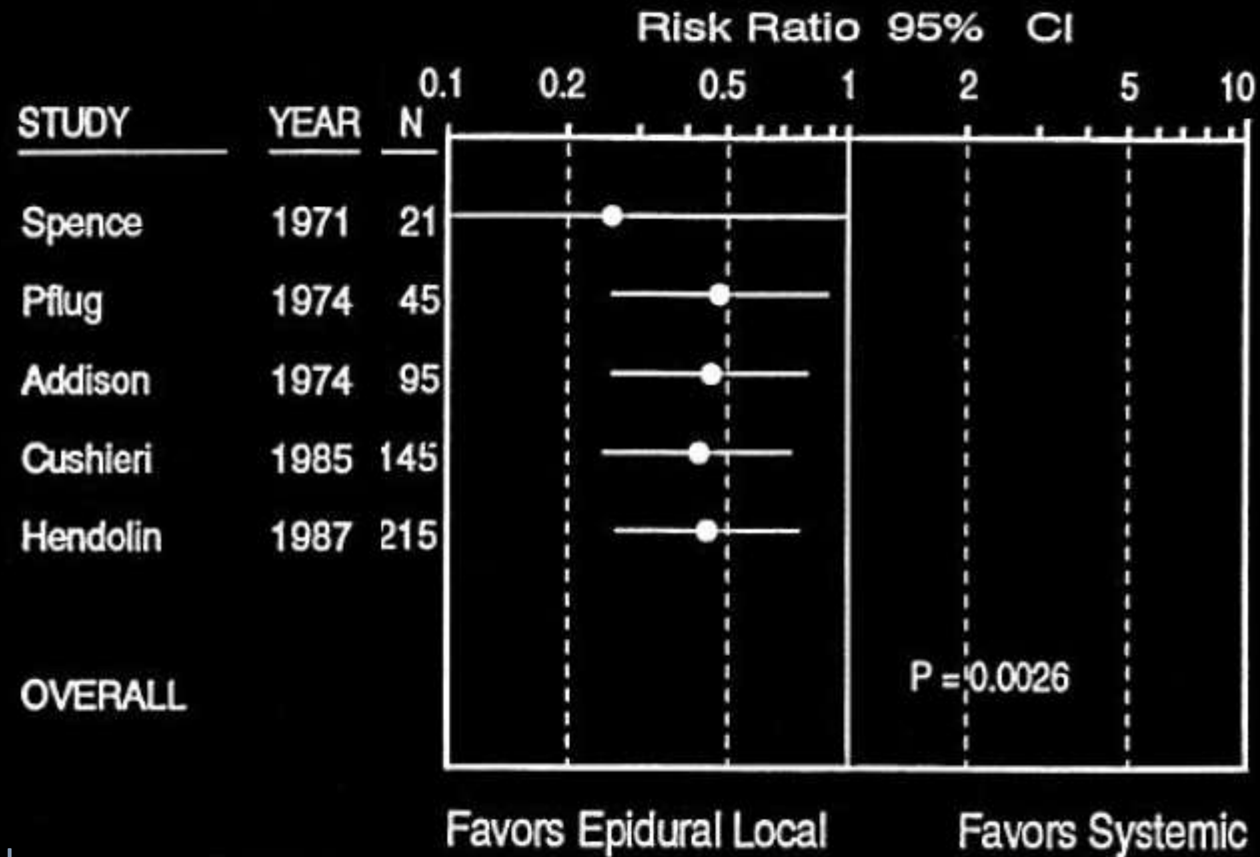
	Control group $N=40$	Opioid-treated group $N=28$	P
Mechanical tests			
Pressure pain threshold (kPa)	373.6 ± 192.3	358.8 ± 166.6	0.78
Pressure tolerance threshold (kPa)	560.3 ± 266.0	540.8 ± 250.0	0.59
NRS score for the temporal summation test with a Von Frey filament			
Difference in NRS score for Von Frey filament applications between the first and tenth applications (ΔNRS_{10-1})	1.02 ± 1.54	1.79 ± 1.83	0.04
Thermal tests			
Heat detection threshold (°C)	35.7 ± 1.5	35.9 ± 1.2	0.27
Heat pain threshold (°C)	43.5 ± 3.9	43 ± 3.6	0.63
Heat tolerance threshold (°C)	48.4 ± 2.2	47.1 ± 2.9	0.04
Duration of tolerance to stimulation at 47°C (s)	51.1 ± 17.4	40.2 ± 23.3	0.03
NRS score for the temporal summation test with 47°C stimulation			
Difference in NRS score for thermal applications between the first and fourth applications (ΔNRS_{4-1}).	1.0 ± 1.6	1.1 ± 1.5	0.8

Day of surgery 24 h 48 h 72 h

Observationnelle
Cas-témoins
Prospective
Orthopédie lourde

Hina et al. Eur J Anesthesiol. 2015.

Complications respiratoires



Méta analyse
Chirurgie thoracique

Ballantyne et al. Anesth Analg. 1998.

Complications respiratoires

Endpoint	Frequency of endpoint (%)		p*
	Control (n=441)	Epidural (n=447)	
Postoperative death	4·3	5·2	0·67
Respiratory failure	30·2	23·3	0·02
Cardiovascular event	24·0	25·7	0·61
Renal failure	8·2	7·4	0·75
GI failure	6·8	6·5	0·95
Hepatic failure	2·9	2·2	0·65
Haematological failure	4·1	3·4	0·69
Inflammation/sepsis	46·7	42·7	0·26
At least one morbid endpoint	60·5	56·6	0·26
Death or at least one morbid endpoint	60·7	57·1	0·29

Prospective
Randomisée
Contrôlée
889
patients
ITT

Rigg et al. Lancet. 2002.

Reprise du transit

- 36 h

Taqi et al. Surg Endosc. 2007.
Marret et al. Br J Surg. 2007.

Qualité de vie

	PCA Group (n = 31)		Epidural Group (n = 32)		
	Mean	SD	Mean	SD	Significant Effect
6-minute walking test (m)					
3 wk	−62.9	74.5	−32.0	62.6	Time × group; P = 0.0005
6 wk	−21.7	48.3	−5.0	59.0	—
Physical health					
3 wk	−13.5	10.0	−11.2	11.3	Time × group; P = 0.0001
6 wk	−5.5	9.7	−3.8	10.4	—
Mental health					
3 wk	−3.1	12.6	+5.0	11.6	Group; P = 0.002
6 wk	−3.3	13.9	+8.7	12.7	—
SF-36 subscales					
Physi					
3 w					ne × group; P = 0.0001
6 w					
Role–					
3 w					oup; P = 0.0109
6 w					ne × group; P = 0.0003
Role–					
3 w					oup; P = 0.0023
6 w					
Bodily					
3 w					ne × group; P = 0.0001
6 w					
General health					
3 wk	−4.2	18.5	−2.9	19.8	Time × group; P = 0.0022
6 wk	−0.1	18.7	+3.9	17.1	—
Vitality					
3 wk	−17.3	21.5	−1.6	25.8	Group; P = 0.0093
6 wk	−4.5	17.1	+8.2	22.4	Time × group; P = 0.0001
Social functioning					
3 wk	−25.0	30.6	−11.3	26.5	Group; P = 0.022
6 wk	−16.8	33.1	+5.6	40.2	Time × group; P = 0.0078
Mental health index					
3 wk	−4.7	26.2	+5.6	22.8	Group; P = 0.0496
6 wk	−0.7	26.7	+13.8	22.8	Time × group; P = 0.008

PCA = patient-controlled analgesia; SF-36 = Short Form 36.

P= 0,0001

Carli et al. Anesthesiol. 2002.

Récidive carcinologique

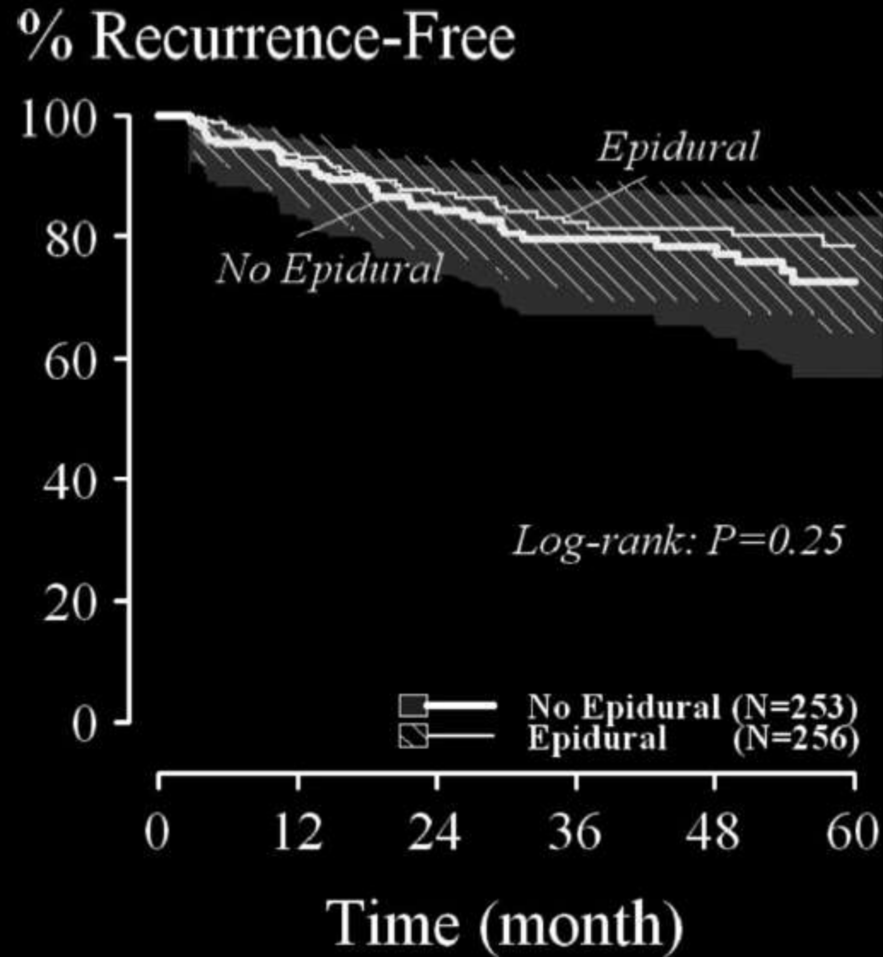
Prostate

Wuelthrich et al. Anesthesiology. 2010.
Biki et al. Anesthesiology. 2008.

Sein

Exadaktylos et al. Anesthesiol. 2006.

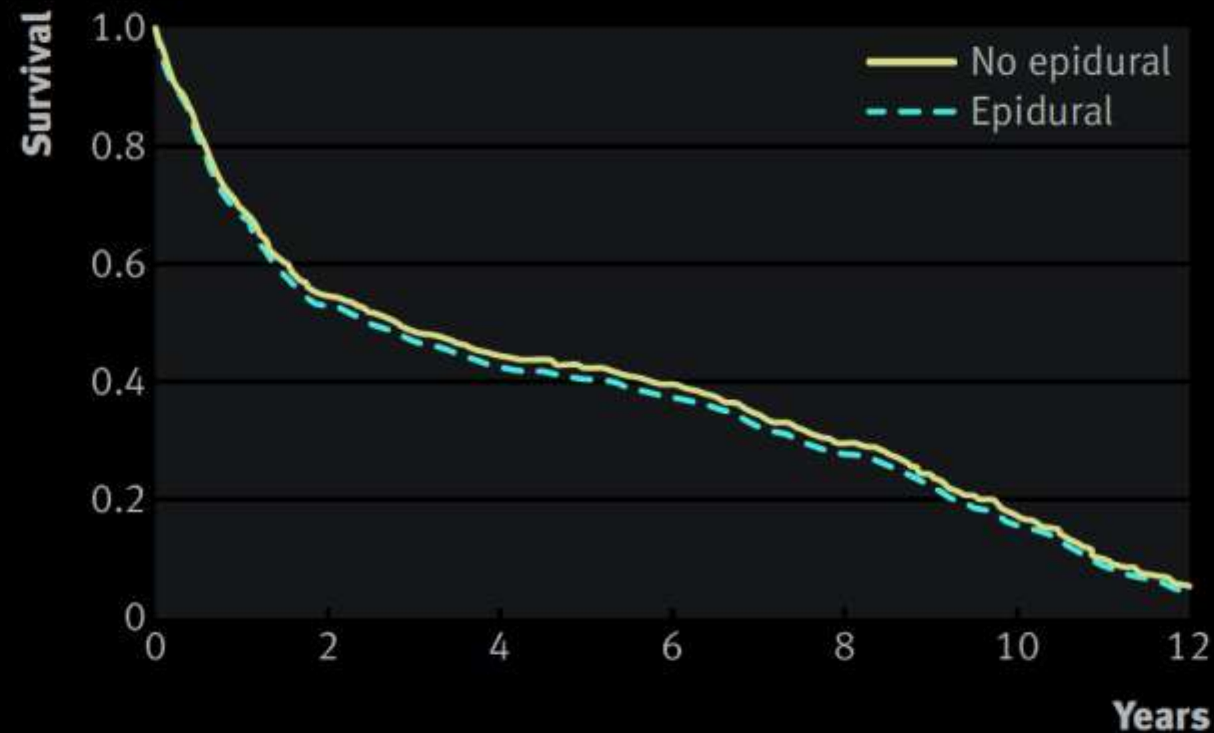
Récidive carcinologique



Prospective
669 cancers colorectaux

Gottschalk et al. Anesth Analg. 2010.

Récidive carcinologique



Prospective
446 cancers origines multiples

Miles et al. BMJ. 2011.

Ce qu'on attend de l'OFA

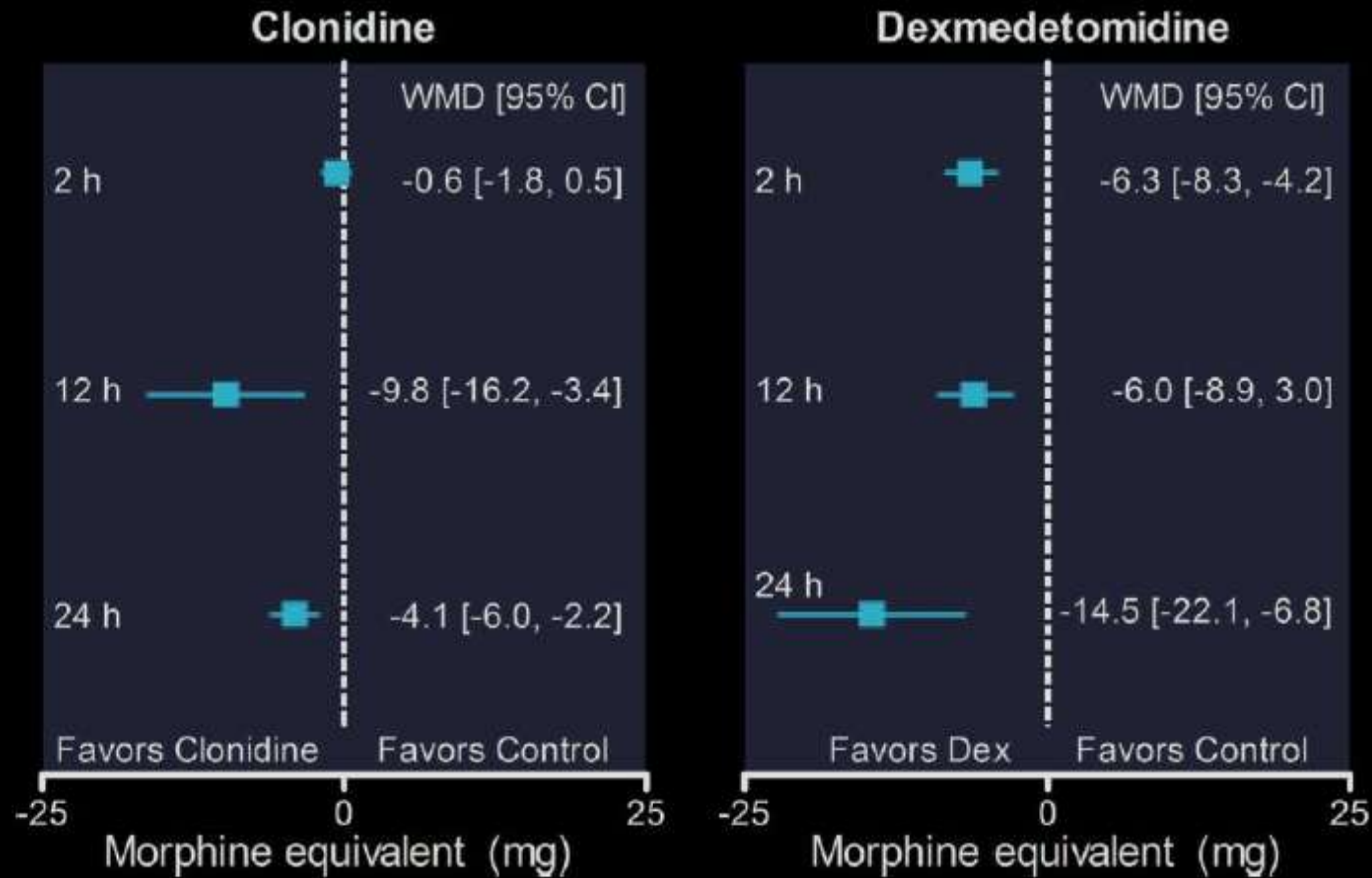
Meilleure prise en charge antalgique post opératoire

Diminution de la fréquence des complications post opératoire

Réhabilitation précoce

Ou sont les preuves ?

Agoniste α-2 adrénergique



Méta-analyse

Blaudszun et al. Anesthesiology. 2012.

Lidocaine

Augmentation du seuil d’excitabilité Aδ et C

Wallace et al. Pain. 1996.

Diminution de la transmission nociceptive spinale

Nagy et al. Pain 1996.

Blocage du recepteur NDMA

Sugimoto et al. Br J Pharmacol. 2003.

Action antiinflammatoire

Hollman et al. Anesthesiology. 2000.

Accélération de la reprise du transit

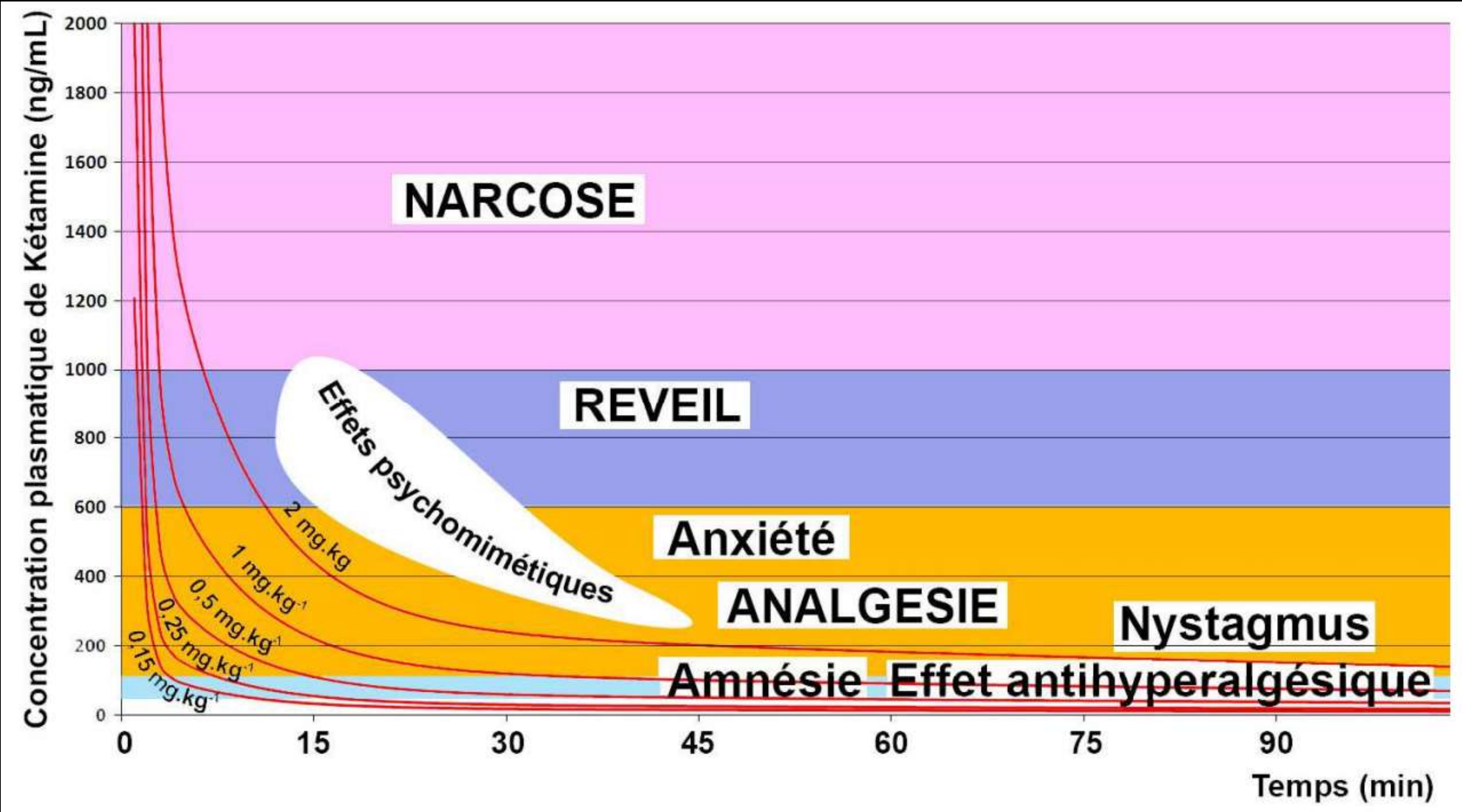
Herroeder et al. Ann Surg. 2007

Lidocaine

R3.6 – Il est probablement recommandé d'administrer de la lidocaïne en intraveineux et en continu à la dose d'1 à 2 mg/kg en bolus intraveineux suivi de 1 à 2 mg/kg/h, chez les patients adultes opérés d'une chirurgie majeure (abdomino-pelvienne, rachidienne) et ne bénéficiant pas d'une analgésie périnerveuse ou péridurale concomitante dans le but de diminuer la douleur postopératoire et d'améliorer la réhabilitation.
G2+, Accord fort.

RFE SFAR Douleur post opératoire. 2016.

Kétamine



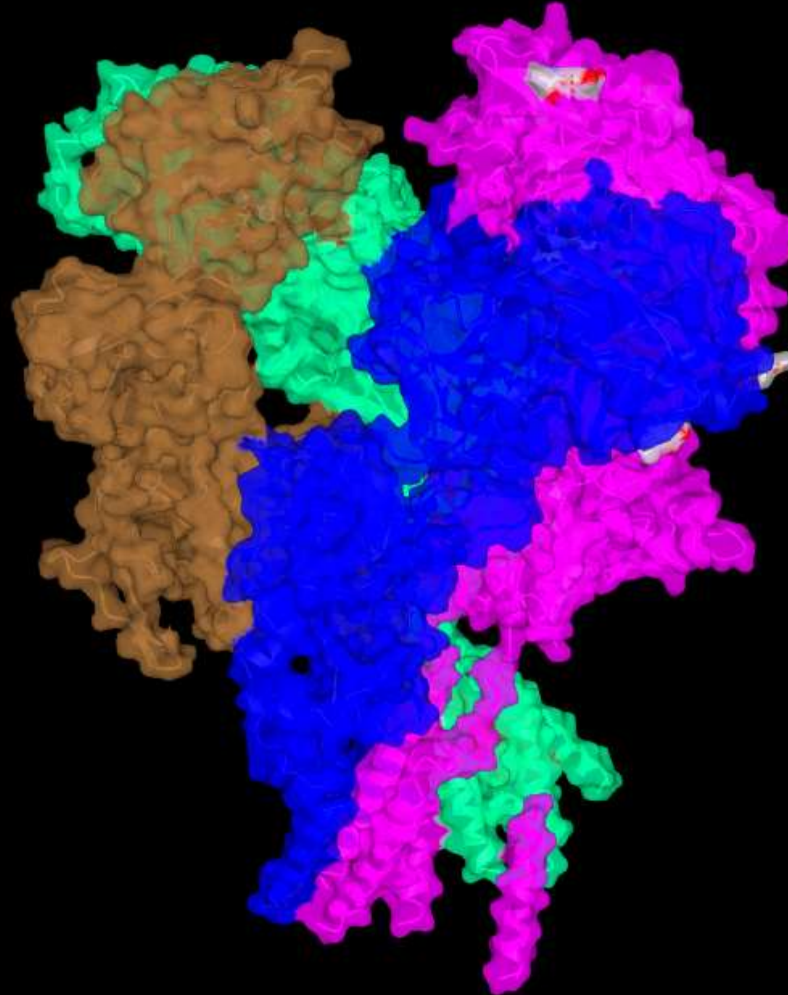
Mion G. Les essentiel SFAR. 2015.

Kétamine

R3.8 – En peropératoire, l'administration de faible dose de kétamine chez un patient sous anesthésie générale est recommandée dans les deux situations suivantes : (a) chirurgie à risque de douleur aiguë intense ou pourvoyeuse de DCPC ; (b) patients vulnérables à la douleur en particulier patients sous opioïdes au long cours ou présentant une toxicomanie aux opiacés. G1+, Accord fort.

RFE SFAR Douleur post opératoire. 2016.

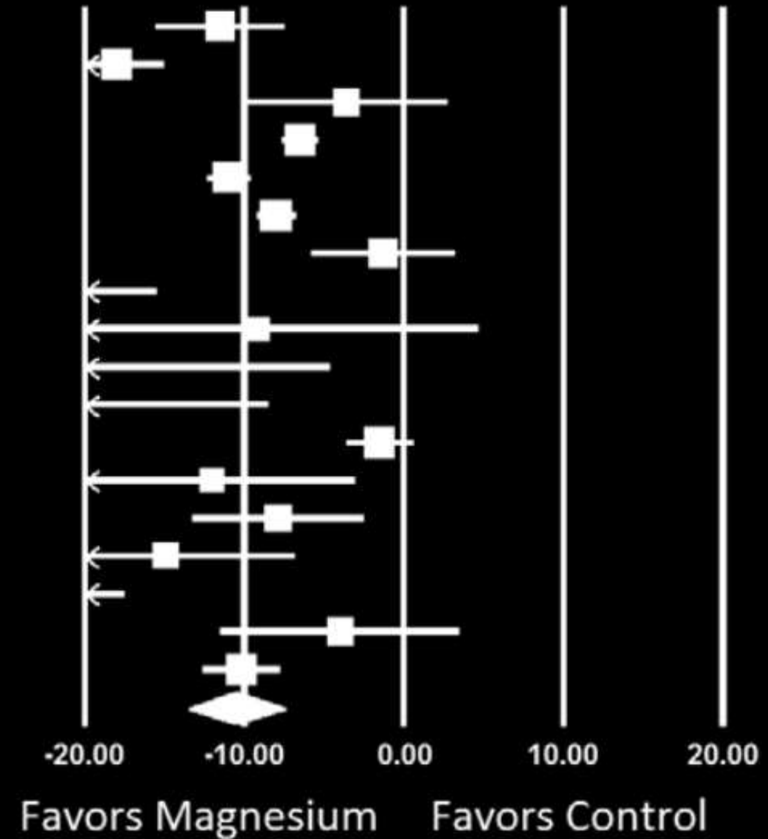
Mg^{2+}



Lee et al. Nature. 2014.
https://www.ncbi.nlm.nih.gov/Structure/pdb/4TLL

Mg^{2+}

	Magnesium	Control
Saadawy (2010)[32]	40	40
Amor (2008)[33]	24	24
Mentes (2008)[34]	41	42
Ferasatkish (2008)[34]	109	109
Oguzhan (2008)[36]	25	25
Ryu (2008)[37]	25	25
Ozcan (2007)[38]	12	12
Tauzin-Fin (2006)[41]	15	15
(1) Seyhan (2006)[42]	20	7
(2) Seyhan (2006)[42]	20	7
(3) Seyhan (2006)[42]	20	7
Bhatia (2003)[43]	25	25
Levaux (2003)[44]	12	12
Kara (2002)[45]	12	12
Zarauza (2000)[46]	23	24
Koinig (1998)[47]	23	23
Wilder-Smith (1997)[48]	12	12
Tramer (1996)[49]	21	21
	479	442



Méta-analyse

De Oliveira et al. Pain. 2013.

Take Home message

Il reste beaucoup de questions.

La recette du Chef

Induction

Xylocaine 1,5 mg/kg IBW.

Kétamine 0,5 mg/kg IBW.

Magnésium 50 mg/kg IBW.

Propofol aux doses usuelles.

Gilbert et al. Protocole OFA CHU Limoges. 2017.

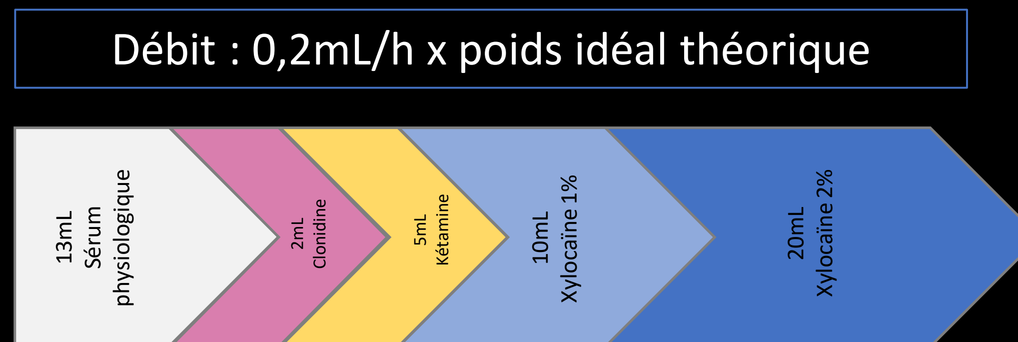
Entretien

Xylocaïne 2% : 20mL, soit 400mg

Xylocaïne 1% : 10mL, soit 100mg

Kétamine 10mg/mL : 5mL, soit 50mg

Clonidine 150mcg/mL : 2 mL, soit 300mcg



Gilbert et al. Protocole OFA CHU Limoges. 2017.

Take Home message

Il y a encore d’autres questions.