

≈ ORAL PRESENTATIONS ≈

OP 024

Severe Local Pain After Hump Nosed Viper Bite Alleviation with Lignocaine: Audit in Base Hospital Elpitiya Sri Lanka.

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Abstract

Our object was to audit the local pain and method of pain relief and the outcome after hump-nosed pit viper bite. We carried out an audit from January to May 2014 at the Base Hospital Elpitiya, Sri Lanka. All the patients managed as Hump-nosed pit viper bites were included. Categorization of the pain, the method of management and the outcome were audited. Seventy six adult patients managed after hump-nosed viper bites were audited with gender distribution of forty six males (61%) and thirty females (39%). All patients complained local pain developing within few seconds after the bite and five patients were free of pain on admission. Thirty eight patients (50%) were categorized as severe pain, thirty two patients (42%) were categorized as moderate pain and the rest, and six patients were categorized as mild or no pain. Irrespective of the severity of the pain, all the patients were prescribed paracetamol as a method of pain relief. There were five patients who have a severe pain on finger after the bite had been given a ring block with lignocaine. Ring block was given after the joint decision taken by the consultant surgeon, consultant anaesthetist and consultant physician. Local anaesthetic agent was lignocaine and those who received it had immediate pain relief which did not recur. Patients who had been given paracetamol complained pain even at discharged (six patients). Patients who had severe and moderate pain who had given only paracetamol have complained no response (92%). There were no proper way of managing pain after hump-nosed pit viper bite other than giving paracetamol which is not an ideal method in severe pain. On the other hand giving a ring block has shown promising results as a method of pain relief to hump-nosed pit viper bite. We recommend a controlled trial to study this new method.

Objective: To audit the local pain and method of pain relief and the outcome after hump-nosed pit viper bite.

Methods: We carried out an audit from January to May 2014 at the Base Hospital Elpitiya, Sri Lanka. All the patients managed as Hump-nosed pit viper bites were included. . Categorization of the pain, the method of management and the outcome were audited.

Results: Seventy six adult patients managed after hump-nosed viper bites were audited with gender distribution of forty six males (61%) and thirty females (39%). All patients complained local pain developing within few seconds after the bite and five patients were free of pain on admission. Thirty eight patients (50%) were categorized as severe pain, thirty two patients (42%) were categorized as moderate pain and the rest, six patients were categorized as mild or no pain. Irrespective of the severity of the pain, all the patients were prescribed paracetamol as a method of pain relief. There were five patients who have a severe pain on finger after the bite had been given a ring block with lignocain. Ring block was given after the joint decision taken by the consultant surgeon, consultant anaesthetist and consultant physician. Local anaesthetic agent was lignocaine and those who received it had immediate pain relief which did not recur. Patients who had been given paracetamol complained pain even at discharged (six patients). Patients who had severe and moderate pain (92%) who had given only paracetamol have complained no response.

Conclusions: There were no proper way of managing pain after hump-nosed pit viper bite other than giving paracetamol which is not an ideal method in severe pain. . On the other hand giving a ring block has shown promising results as a method of pain relief to hump-nosed pit viper bite. We recommend a controlled trial to study this new method.
