Abstact

Background:in this trial the effects and complications of intravenous MIdazolam and ritravenous ketamin as adj vant therapy on Caudal anesthesia with bupivacaine 0.5% in lower abdminal surgery has been evaluvated.

Material and methods: Our study was double _blind clinical trial.90 neonate from 1_3month of age(ASA 1-2) ha s been divided in 3 group of 30 persons.in the first group(1) they recieved caudal bupivacaine0.5%and second gr oup(2) recieved caudal bupivacain plus intravenous midazolam as adjuant therapy.the last group(3) recieved rntr avenous midazolam&ketamin as adjuant theraphy.

Results: avarage caudal block succes rate was 87% in all three group.The mean systolic diastolic blood pressure and heart rate at time scales of Zero,20,40&60 min.in three groups have not significant difference($p>0.05$).up on the NIPS,the pain score more than 3 in three group in the three time scale(30,60,120) their were not any signific ant differences.6 patient in min.30 ,6patient in min.60 &14 in min.120 had pain scale mor than 3.no complicatio n were seen any any three groups.

Conclousion:

1:Applying intravenous midazolam and ketamin as pre treatment to caudal anesthesial block with boupivacaine in awake (preterm&low birthweight)neonatein order reducing pain has no significant effects.

2: Caudal anesthesia can reduce apnea and other G.A. related complications in preterm and low birth weight neo nates and is an advantice fore feeding babies as soon as after procidure.