

Medicina basada en la evidencia

Necesidad de utilización de UTI postoperatoria en pacientes operados con colectomía a quienes se les realizó bloqueo raquídeo con morfina intratecal.

La tan baja incidencia de depresión respiratoria no nos deja sacar ninguna conclusión válida acerca de la relación con la dosis-efecto que tendría este efecto adverso, y se necesitan tal vez más estudios con mayor potencia estadística para evaluar verdaderamente este fenómeno de la depresión respiratoria después de la inyección raquídea de morfina.¹

La morfina intratecal, comparada con la inyección endovenosa sola, mejora notoriamente el manejo del dolor postoperatorio y reduce la cantidad de morfina inyectada en forma IV, asimismo como mejora el postoperatorio de los pacientes mayores de edad después de cirugía colorrectal.²

La depresión respiratoria inducida por morfina puede ocurrir en cualquier momento luego de la inyección intratecal. De cualquier manera, la óptima frecuencia del monitoreo de la respiración no se sabe. Más aún, son múltiples las variables (edad, sexo, administración de opioides previa o posterior, el sitio de la cirugía, etc) que pueden afectar el desarrollo de la depresión respiratoria. Por este motivo se necesitan estudios más serios y potentes que demuestren el monitoreo de este fenómeno.³

¹ W. Raffaeli*, G. Marconi^ G. Fanelli^, S. Taddei*, G. B. Borghi*, A. Casati^Opioid-related side-effects after intrathecal morphine: a prospective, randomized, double-blind dose-response studyEuropean Journal of Anaesthesiology 2006; 23: 605-610

² Marc Beaussier et al. Postoperative Analgesia and Recovery Course After Major Colorectal Surgery in Elderly Patients: A Randomized Comparison Between Intrathecal Morphine and Intravenous PCA MorphineReg Anesth Pain Med 2006;31:531-538.

³ Arie Shapiro et al. The frequency and timing of respiratory depression in 1524 postoperative patients treated with systemic or neuraxial morphine. Journal of Clinical Anesthesia (2005) 17, 537-542

Luego de un período de 7 años, la analgesia con morfina intratecal fue usada para controlar el dolor postoperatorio en cerca de 6000 pacientes, resultando en una alta tasa de satisfacción del paciente y en una muy baja incidencia de efectos colaterales y adversos.⁴

⁴ Kenneth H. Gwartz et al. The Safety And Efficacy of Intrathecal Opioid Analgesia for Acute Postoperative Pain: Seven Years' Experience with 5969 Surgical Patients at Indiana University Hospital. *Anesth Analg* 1999;88:599 –604)

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Depresión respiratoria post inyección intratecal de morfina para analgesia postoperatoria de cirugía colónica

La depresión respiratoria se define como menos de 10 respiraciones por minuto, algunos autores hasta la definen como una frecuencia menor a 6 respiraciones por minuto. Aunque vale la pena aclarar que aún con 10 respiraciones por minuto los pacientes mantienen la saturación de oxígeno en un 95%.

La tasa de depresión respiratoria que necesita asistencia en UTI en estos pacientes es de 0.60 %. Por este motivo ha quedado demostrado que no es necesaria *de rutina* la internación en UTI de los pacientes postoperatorios de cirugía abdominal coloproctológica que han tenido analgesia con morfina intratecal.

Las complicaciones del uso de la morfina intratecal (náuseas, vómitos, prurito y depresión respiratoria) no dependen de la dosis, si de las características del paciente.

Los pacientes mayores de 70 años, que son la mayoría que se operan con cirugía abdominal en coloproctología, sobre todo con tumores colorrectales, tampoco desarrollan tan frecuentemente depresión respiratoria (< del 1%). Sí desarrollan náuseas que son fácilmente manejadas con la inyección endovenosa de ondansetron.

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