



MEDICAL TIPS

DICLOTAL INJECTION

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Diclofenac is Superior to Paracetamol in Postoperative Pain Scores and Analgesic Consumption in Supratentorial Craniotomy with No Difference in Platelet and Clot Function: A Prospective Randomized Controlled Trial

Ragula R et.al. J Neurosurg Anesthesiol. 2022; 1; 34(3):321-326.

- The use of nonsteroidal anti-inflammatory drugs in neurosurgery is still up for debate due to the potential danger of hematoma development secondary to platelet dysfunction.
- Paracetamol [(15 mg/kg); group P] or diclofenac sodium [(1.5 mg/kg); group D] were given intravenously to patients (N=110) undergoing craniotomies for supratentorial tumors 30 minutes prior to the conclusion of surgery and postoperatively at 12-hour intervals for up to 48 hours.
- Numerical Rating Scale (NRS) scores were lower in group D than in group P at 24 hours following surgery; and group P patients required more rescue analgesia than group D patients.
- With no occurrence of postoperative tumor bed hematoma, the activated clotting time was longer in group D (128.76 ± 12.61 seconds) than in group P (123.84 ± 09.77 seconds; $P=0.03$) at 48 hours.

In patients receiving craniotomies for supratentorial tumors, diclofenac sodium offered more effective postoperative analgesia at 24 hours with no indication of deleterious effects on coagulation profiles.

