

## Dexmedetomidine, morphine, propofol versus midazolam, morphine, propofol for conscious sedation in rhinoplasty under local anesthesia: A prospective and randomized study

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**Background:** Monitored anesthesia care (MAC) has been proposed as one of the suitable techniques for rhinoplasty. In this study our aim was to compare the effects of dexmedetomidine with morphine and propofol versus benzodiazepines with morphine and propofol as adjuncts to local anesthesia - on analgesia, sedation, respiratory and hemodynamics variables and surgeon and patient satisfaction.

**Methods:** In this prospective, double-blind, comparative study, 60 patients undergoing rhinoplasty randomly received intravenous sedative of either: dexmedetomidine (Dex group) or midazolam (Mid group). Level of sedation was assessed by using the Observer's Assessment Alertness/Sedation Scale (OAA/S). Pain on local anesthesia injection was assessed by a visual analogue scale. Surgeon's satisfaction also can be assessed by using a 3-grades score; the surgeon assessed the quality of surgical bleeding. Mean Arterial Pressure (MAP) and Heart Rate (HR) were assessed and recorded. Patients' satisfaction, visual analog scale for intraoperative pain, and total amount of propofol used intraoperatively. Adverse effects were also recorded.

**Results:** In Mid group patients were earlier to reach adequate sedation level than in Dex group, but they felt more pain either on local anesthetic injection or during operation. Intraoperative mean arterial blood pressure and heart rate in Dex group were lower than their baseline values and the corresponding values in Mid group. The total amount of propofol needed for Mid group was much higher than in Dex group. Patient satisfaction was higher in Dex group. Time of surgery was longer in Mid group. Both groups were similar in sedation recovery and ward discharge times, as well as, incidence of side effects.

**Conclusion:** Dexmedetomidine sedation with morphine and propofol in Rhinoplasty performed under local anesthesia was associated with shorter surgery time, greater patient and surgeon satisfaction, and lower pain scores with no adverse effects, when compared to midazolam sedation with morphine and propofol.

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