

# International Journal of Medical Sciences

## Perioperative Dexmedetomidine Reduces Postoperative Analgesic Requirements in VATS Lobectomy: A Randomized, Double-Blind Study

### VATS Lobectomy

Prospective,  
Randomized,  
Double-blind

n = 61

R  
1:1

### Dexmedetomidine Group (n = 31)

Loading 1.0 µg/kg  
over 10 min  
0.5 µg/kg/h infusion  
until 1 h after surgery

### Saline Group (n = 30)

Volume-matched  
saline infusion

Combined Thoracic  
Epidural + General Anesthesia

### Key Findings

|                                                                                      |                                                                |                          |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------|
|    | Cumulative PCEA consumption<br>0–48 h postoperatively          | ↓ 21%<br>p = 0.001       |
|  | VAS score at 1 hour                                            | ↓ p = 0.038              |
|  | Analgesic bolus in PACU                                        | ↓ p = 0.013              |
|  | Patient satisfaction                                           | ↑ p = 0.005              |
|  | Bradycardia (1 h after surgery)<br>Hypotension (1 h after OLV) | ↑ p = 0.044<br>p = 0.024 |



**Conclusion:** Perioperative dexmedetomidine reduces epidural analgesic requirements and improves early postoperative pain control and patient satisfaction in VATS lobectomy, with manageable hemodynamic effects.

**Cover feature: Effect of Dexmedetomidine on Postoperative Analgesia After Video-assisted Thoracoscopic Lobectomy Surgery**

Dowon Lee, Eun Ji Park, Jae-young Kwon, *et al.*



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