

## **Hypotension in Spinal and Epidural Anesthesia**

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**Background:** Hypotension occurs during spinal block and may be associated with serious complications. The blood pressure decreases by 39-45% after intrathecal and epidural anesthesia.

**Objective:** To evaluate intrathecal and epidural anesthesia in patients with gynecological surgery and compare hypotension in both methods.

**Design:** Randomized clinical trial.

**Setting:** Sina Hospital, Tehran, Iran.

**Method:** Sixty patients were evaluated for hypotension induced by Lidocaine used intrathecally or epidurally. The patients were randomly assigned in the two groups; all the patients had gynecological surgery. Intrathecal anesthesia was administered using 75mg (1.5ml) of Lidocaine 5% in the first group and epidural anesthesia was administered using 300mg (20ml) of Lidocaine 1.5% in the second group. The injections were done in L4-L5 space.

**Result:** The decrease in systolic blood pressure was faster and significantly more in intrathecal than in the epidural group ( $p < 0.05$ ).

**Conclusion:** The decrease in blood pressure is less seen in epidural anesthesia. Cardiovascular conditions are more stable during epidural anesthesia.

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