# Control of course temperature in major orthopedic surgery and neuro-traumatology using levobupivacaine for spinal anesthesia.

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*A homogeneous sample of patient was selected for a randomised study: age (50±0,8 years old), health status (ASA 1,2,3): Group A (25=patients) was subjected to active warming (at 38°C) and infusion of liquid and/or blood heated to 37°C. Group B (n=25 patients) did not receive either active cutaneous warming during the intervention or the infusion of the liquids or blood intraoperationally.*

*Monitoring of core temperature was done through a rectal probe, wich began before subaracnoid anaesthesia and was carried out Successively every 15 minutes until the end of the operation, the thermometer being calibrated with a temperature range of between 30°C and 40°C, with an accuracy of 0,1°C. All procedures began at 8.00 a.m. and the operating theatre was manteing at between 21°C and 23°C with humidity rate of between 40% and 45%.The lenght of the operation was almost identical in both groups, average length being 75 minutes±10.*

*No serious hypotensive events were recorded.No substantial haematic loss occurred. In Group A the average central temperature was a 37°C; in Group B, the average central temperature was 36°C. Concerning the trend of central temperature in both groups, it became clear that decrease in temperature was directly related to intraoperational warming, the length of the intervetion and haematic loss.*

*It was highlighted that initial average temperature of patients in both groups was stated at about 36,5°C, whereas the end result was that of a decrease in the central temperature to as 36,8°C for Group A and as little as 35,3°C for Group B.*

*Reference:*
*Sessler DI.Current Concepts: Mild Perioperative Hypotermia. N Engl J Med (1997); 336: 1730-7*