# Study on Sedation with Local Analgesia in Calves

NC Sarker<sup>1)\*</sup>, MA Hashim<sup>2)</sup>, BP Ray<sup>3)</sup> and SK Sarker<sup>4)</sup>

 <sup>1)</sup>Surgery Laboratory, Department of Surgery and Obstetrics, Bangladesh Agricultural University, Mymensingh-2002, Bangladesh. Cell: +8801723628140
<sup>2)</sup>Department of Surgery and Obstetrics, Faculty of Veterinary Science Bangladesh Agricultural University, Mymensingh. Cell: +8801715281677
<sup>3)</sup>Bangladesh Agricultural University Mymensingh, Cell: +88 01710586093
<sup>4)</sup>77/78, Munsurabad Housing Society, Adabor, Dhaka-1207. Cell: +8801710297864
\*Corresponding author email: ncsarker2010@gmail.com

**Abstract.** The effect of sedatives and analgesics on heart rate, respiration rate and rectal temperature were observed. Heart rate and respiration rate significantly decreased during sedation with xylazine hydrochloride plus 2% lignocaine hydrochloride or 0.5% bupivacaine hydrochloride. A significantly decreased heart rate and respiration rate also found during sedation with diazepam plus 2% lignocaine hydrochloride or 0.5% bupivacaine hydrochloride showed short onset, rapid spreading and no side effect. Duration of analgesia was longer with 0.5% bupivacaine hydrochloride (39.60±5.77 min in Group B and 48±11.25 min in Group D) compared to 2% lignocaine hydrochloride (39.60±5.77 min in Group A and 43.6±5.81 min in Group C). Xylazine hydrochloride showed short onset and long duration of sedation compared to diazepam. So for herniorraphy, xylazine hydrochloride can be used as a better sedative while 0.5% bupivacaine hydrochloride can be used as a local analgesic for longer duration of action.

Key Words: lignocaine hydrochloride, sedation, analgesia

## Introduction

Diseases in calves are thought to be important constraints for cattle development in Bangladesh. It has been reported that 15-20% calves die per year from various diseases (Anon, 1993). Congenital disorders in calves have been increasing alarmingly. Umbilical hernia, navel ill and atresia ani are among the major congenital disorders causing mortality in calves. Umbilical hernia is one of the major congenital affections in animal particularly in the bovine. The affected calves may only be treated through successful herniorraphy.

Clinical experience suggests that along with indigenous calves a considerable number of cross-bred calves also suffer from various congenital abnormalities. So the surgical affections of calves may affect total performance of the dairy herds and above all the future generation and their health. New born calves frequently suffer from various surgical affections such as umbilical hernia, atresia ani, dermoid cyst, knuckling of the limbs, navel ill, umbilical abscesses. Das and Hashim (1996) reported a high incidence (47.1%) umbilical hernia among surgical affection in calves. This congenital defect may become dangerous if not treated in appropriate time. The affected calves may be only treated through successful herniorraphy. Many factors e.g. suture materials, suture pattern, degree of protrusion; body circumference, ring diameter etc determine the success of herniorraphy (Peacock and Van Winkle, 1976).

Sedatives are used for premedication which is an essential part of balanced anaesthetic regimen. This is necessary for both general and local anaesthesia (Hall and Clarke, 1989). Local analgesia is considered to be very important in ruminant anaesthesia because general anaesthesia in ruminants very often lead to tympanities or regurgitation especially if performed in unstarved anaesthesia is condition (Hossain, 1988; Hashim and Hossain, 2004). Therefore herniorraphy in calves are

performed under sedation and local analgesia or regional analgesia. Efficiency in operative procedure in a part depends on efficient anaesthesia. A sedative may be used to keep the animal quiet. The sedatives have been used in calves either alone or in combination with local, regional or general anaesthesia. The use of sedatives in veterinary practice is indispensable as they help in overcoming résistance of the animal during examination, maintaining depth of anaesthesia, reducing the dose of anaesthetic agent and increasing the margin of safety. Sedation of calves along with local anaesthetic is performed for the treatment of surgical interferences such as herniorraphy. Thus, action of some sedatives and local analgesics in various regional anaesthesia in calves and their evaluation in respect of doses are of great significance. The approximation of dose rate of available sedatives in calves may be helpful for the practitioners.

The commonly used local analgesic agents include lignocaine hydrochloride, lignocaine hydrochloride with adrenaline and bupivacaine hydrochloride. These local analgesic agents are used for local or regional analgesia. Lignocaine has a relatively rapid onset of action and intermediate duration of about 1 to 2 hours (Lumb and Jones, 1996). Bupivacaine is a long acting local analgesic. It is about 4 times more potent than lignocaine and is used most commonly for regional nerve block (Eugene and Nicholas, 1995). So, the experiment was carried out to determine the general effect of clinically useful dose of the sedatives in calves and study the action of various sedatives and local analgesics in calves.

# **Materials and Methods**

## **Experimental animal**

The proposed experimental work was carried out in the operation theatre of veterinary clinic, Bangladesh Agricultural University, Mymensingh, Gaibandha, Shirajgang and Kurigram District. The experiment was performed on 20 calves of ages ranging from 5 days to 4 months and body weights varied from 20 to 48 kg. Out of 20 calves affected with umbilical hernia, 6 were indigenous (local) and 14 were crossbred. They were divided into 4 groups and each group included 5 calves. The calves were apparently healthy.

## **Preparation of animals**

The animals were starved of both food and water for 3 hours before sedation. An assistant restrained the animal physically and the drug was injected intramuscularly.

### **Observation in animals**

Immediately after injection of drugs the animals were observed for various behavioral changes i.e. changes in attitude, outlook, and posture and time parameters like onset time, down time and recovery time. The depth of sedation and local analgesia were assessed by monitoring various ocular reflexes, pain prick reflexes, relaxation of neck, jaws, salivation, lacrimation, urination and granting. espiration rate, heart rate an rectal temperature were observed.

## Use of sedatives

**Diazepam (Seduxen®).** Diazepam (Seduxen®, Jayson Pharmaceuticals Ltd, Bangladesh) is probably the most widely used benzodiazepines available in Bangladesh in 10mg/2ml ampoule and commonly used in human medicine.

**Xylazine hydrochloride (Rompun®).** Xylazine hydrochloride (Rompun®, 25ml vial each ml contain 23.32 mg xylazine hydrochloride, Bayer, Leverkusen, Germany) is commonly used Alpha-2 adrenoceptor agonist in Bangladesh.

### Use of analgesics

**2% Lignocaine hydrochloride (Jasocaine®).** Lidocaine hydrochloride (Jasocaine®, Jason Pharmaceuticals Ltd, Bangladesh) is one of most versatile and one of the most widely used local analgesic in veterinary medicine. 0.5%Bupivacainehydrochloride(Ultracaine®).Bupivacainehydrochloride(Ultracaine®, Jason Pharmaceuticals Ltd,Bangladesh) is an amide type local analgesic.Bupivacaine is a long acting local analgesic.

### **Experimental design**

The experimental animals were divided into four (4) different groups and allocated the following local anaesthetic agents, sedative and local infiltration in the following:

**Group A. Xylazine hydrochloride – Lignocaine hydrochloride combination in inverted 'V' from anterior local infiltration analgesia.** Firstly xylazine hydrochloride (Rompun<sup>®</sup>) was injected at a dose rate of 0.1mg/kg body weight intramuscularly. Ten minute later 2% lignocaine hydrochloride (Jasocaine<sup>®</sup>) was injected at a dose rate of 10 ml and then required dose for local infiltration.

Group B. Xylazine hydrochloride – Bupivacaine hydrochloride combination in inverted "U" from anterior local infiltration analgesia. The animals of this group were sedated using xylazine hydrochloride (Rompun<sup>®</sup>) @ 0.11 mg/kg intramuscularly and were local analgesized 0.5% using bupivcaine hydrochloride (Ultracaines®) ten minute later for local infiltration.

Group C. Diazepam – Lignocane hydrochloride combination in ring shaped local infiltration analgesia. At first diazepam (Seduxen®) was injected at a dose rate of 0.5 mg/kg body weight intramuscularly. Twenty to thirty minute later 2% lignocaine hydrochloride (Jasocaine®) was injected at a dose rate of 10 ml and then required dose for local infiltration.

**Group D. Diazepam - Bupivacaine hydrochloride combination in inverted L shaped local infiltration analgesia.** Twenty to thirty minute prior to analgesia diazepam (Seduxen<sup>®</sup>) was injected at a dose rate of 0.5 mg/kg body weight intramuscularly, 0.5% bupivacaine hydrochloride (Ultracaine<sup>®</sup>) was injected at a dose rate of 10ml and then required dose for local infiltration

## **Clinical parameters**

Respiratory rate, heart rate and rectal temperature were recorded before

administration of sedatives and at 15, 30, 45, 60 minutes after sedation and local analgesia.

Heart rate. Heart rate was recorded using a stethoscope. For this the diaphragm of the stethoscope was placed over the left side of the chest and the heart beat was counted for one minute

**Respiratory rate.**Respiratory rate was recorded by keeping the chest piece of the stethoscope over the thorax (auscultation)

**Rectal temperature.** The rectal temperature was taken by inserting a clinical thermometer at least 1.5-2.0 cm into the rectum. The bulb of the thermometer was shaken down and moistened with Vaseline before inserting into the rectum. The position of the thermometer into the rectum was such that the bulb of the thermometer touched the rectal mucosa. The thermometer was held in position for one minute.

## **Correction of hernia (Herniorraphy)**

**Requirements.** Surgical handle and blade, forceps, artery forceps, blade, cotton, swab, catgut, nylon thread, syringe, draping cloth, towel clip, tissue forceps, surgical needle, needle holders, anaesthetic agent and antiseptic.

Procedure. Surgical access is usually obtained by incision either directly over or around the hernial sac; the calf was controlled on the dorsal recumbence by casting and by the help of an assistant. Clipping, shaving, antiseptic, sedation and analgesia of the region was performed. Required amount of analgesic was used. A line block was made by inserting the needle anterior to the hernial ring to make an inverted "V". Tincture of iodine was painted over the sac and surrounding tissue Operations in most calves were performed here by giving incision in para midline method where access to the hernial contents and the ring were found suitable. Herniated tissues may have reduced viability and increased friability requiring careful handling. Incarcerated and irreducible hernias were rare in case of calves so the handling was not so difficult. Hernial ring was not to be enlarged to facilitate return of the hernial contents.

The basic principle of hernia repair is to close normal tissue to normal tissue without

undue tension (Slatter, 1985). The loops of the hernia sac are being required to remove a considerable part to make the lower abdominal wall in a proper condition. In most calves, loop of the hernial sac were removed Closure of the hernial neck (ring) was made by mattress sutures by using catgut. A small amount of sulphonilamide powder was used before closing the skin. The loose part of the skin at the umbilical region was also removed to make the abdominal skin approximated. A series of mattress stitches were used by utilizing nylon thread.

#### **Statistical analysis**

Student's paired "t" test was performed to compare the obtained before anaesthesia and 15, 30, 45, and 60 min. after anaesthesia. Analysis of variance in completely randomized design was carried out to test significance of variation among the effects in different time interval. The mean of data with its standard deviation and standard error mean were calculated. The results were analyzed by MSTAT computer program.

### **Results and Discussion**

# General signs after administration of sedatives in calf

### Xylazine hydrochloride

Drooping of the upper eyelids, droopy head, salivation and lateral recumbency were observed in all the calves after onset of sedation with xylazine hydrochloride at the dose rate of 0.13±00 mg/kg and 0.12±0.01 mg/kg in Group A and Group B respectively. There was milk fever like recumbency and muscle relaxation was observed. The calf of Group A and Group B showed severe drowsiness 8±0.71 min and 7±0.71 min after administration of xylazine hydrochloride respectively.

### Diazepam

Diazepam at the dose rate of 1.02±0.05 mg/kg and 1.06±0.04 mg/kg in Group C and Group D respectively produced drowsiness,

walking in circle, drooping of the upper eyelids and droopy head in all the calves. Sleepy impression, lateral deviation of the head and relaxation of the muscle were also observed. Six calves out of 10 of Group C and Group D were found to have good sedation. Onset of sedation was 20.20±1.50 min in Group C and 21.40±1.29 min in Group D respectively.

# Effects of various sedative and analgesic drugs on clinical parameters

Effects of various sedative and analgesic drugs on heart rates, respiration rates and rectal temperature in calf are presented in Table 1, Table 2 and Table 3. Before sedation, the mean values of heart rates, respiration rates and rectal temperature were 83.40±3.60 per min,  $28\pm1.30$  per min and  $101.80\pm0.22^{\circ}$ F, respectively in Group A. These mean values of heart rates, respiration rates and rectal temperature 15 min after sedation were 73.40±2.66 per min, 22±1.46 per min and 101.60±0.21°F respectively. Heart rates and respiration rates were decreased significantly (P<0.01) after 15 min and also 30 min of sedation. But rectal temperature was not decreased significantly. Heart rates were significantly (P<0.01) decreased 45 min after sedation. Heart rates also decreased significantly (P<0.01) after 60 min of sedation as compared to pre sedative values.

In Group B, the mean values of heart rates, respiration rates and rectal temperature were 80.20±3.69 per min, 25.80±1.93 per min and 101.82±0.22°F, respectively. These mean values 15 min after sedation were 71.20±3.68per min, 21.60±1.29 per min and 101.58±0.21°F, respectively. The heart rates and respiration rates were significantly (P<0.01) reduced after 15 min and 30 min of sedation. Heart rates and respiration rates were significantly (P<0.01) decreased 45 min and 60 min of sedation as compared to pre sedative values. But rectal temperature was not decreased significantly.

In Group C, the mean values of heart rates, respiration rates and rectal temperature were

80±4.73 per min, 80±4.73 per min and 101.50±0.25 °F respectively before sedation. During 15 min of sedation, heart rates, respiration rates and rectal temperature were 73.60±3.85 per min, 23.60±1.33 per min and 101.40±0.25 °F per min. respectively and they decreased significantly (P<0.01) as compared to pre sedative values. Heart rates and respiration rates were significantly (P<0.01) reduced during 15 min and 30 min after sedation. The respiration rate was not significantly (P>0.05) decreased 45 min and 60 min after sedation compared to pre-sedative values. But rectal temperature was not decreased significantly. The heart rates were significantly (P<0.05) increased and significantly (P<0.01) decreased during 45 min and 60 min after sedation respectively.

In Group D, the mean values of heart rates, respiration rates, and rectal temperature were 74.40 $\pm$ 2.32 per min, 24.60 $\pm$ 2.38per min and 101.70 $\pm$ 0.20°F respectively before anaesthesia. Fifteen min after sedation heart rates and respiration rates were not significantly (P>0.05) decreased compared to pre-anaesthetic values. Heart rates and respiration rates were not significantly (P>0.05) decreased during 30 min and 45 min of sedation. The heart rates difference was not statistically significantly (P>0.05). Respiration rate was not significantly (P>0.05) increased. But rectal temperature was not decreased significantly.

#### The onset of sedation

The mean values of onset of sedation are

presented in Table 4. The onset of sedation occurred within 6-10 minutes in all animals of Group A and the mean values of onset was 8±1.58 min. In Group B, the mean value of onset was 7±1.58 min and onset occurred within 7-9 min. In Group C, the onset of sedation occurred within 16-24 min and the mean value of onset was 20.2±3.35 min. The mean value of onset was 21.4±2.88 min in Group D. Onset of occurred within 18-25 min in all animals of Group D. There were statistically non significant (P>0.05) variations between different groups in term of onset of sedation.

### The duration of sedation

The mean values of duration are presented in Table 4. There were statistically non significant (P>0.05) variations between different groups in term of duration of sedation.

### The onset of analgesia

The mean values of onset of analgesia are presented in Table 5. The onset of analgesia occurred within 4-8 minutes in all animals of Group A and the mean values of onset was 5.60±1.52 min. In Group B, the mean value of onset was 8.00±1.58 min and onset occurred within 6-10 min. In Group C, the onset of analgesia occurred within 2-5 min and the mean value of onset was 3±1.22 min. The mean value of onset was 7.8±1.30 min in Group D. Onset of occurred within 6-9 min in all animals of Group D. There were statistically non-significantly (P>0.05) variations between different groups in term of onset of sedation

Group	Before	15 minutes after	30 minutes after	45 minutes after	60 minutes after
	sedation	sedation	sedation	sedation	sedation
А	83.40±3.60	73.40±2.66**	68.40±2.42**	67±2.77**	67.80±3.07**
В	80.20±3.60	71.20±3.68**	66±2.85**	61.20±2.48**	60.20±3.22**
С	80±4.73	73.60±3.85**	70.80±4.12**	72.20±3.46*	70.80±3.22**
D	74.40±23	71.40±0.60 <sup>ns</sup>	69.60±2.80 <sup>ns</sup>	67.60±3.59 <sup>ns</sup>	67.60±3.78 <sup>ns</sup>
U	74.40123	71.40±0.00	09.00±2.80	07.00±3.39	07.00±3.78

Table 1. Effects of sedative and analgesic agent on heart rate of calves

A = Xylazine HCL-2% lignocaine HCL; B = Xylazine HC-0.5% bupivacaine HCL; C = Diazepam-2% lignocaine HCL;

D = Diazepam-0.5% bupivacaine HCL; \* Significant (P<0.05) \*\* Significant (P<0.01) ns = non significant (P>0.05).

Group	Before	15 minutes after	30 minutes after	45 minutes after	60 minutes after
	sedation	sedation	sedation	sedation	sedation
А	28±1.30	22±1.46**	20±1.67**	19.40±1.54**	20.40±1.12**
В	25.80±1.93	21.60±1.29**	18±1.05**	16.60±0.93**	16.80±1.53**
С	26.60±1.29	23.60±1.33**	24.80±2.27**	22.60±2.01 <sup>ns</sup>	23.80±1.69 <sup>ns</sup>
D	24.60±2.38	21.80±2.08 <sup>ns</sup>	20.00±1.70 <sup>ns</sup>	18.20±2.20 <sup>ns</sup>	19.60±2.77 <sup>ns</sup>

Table 2. Effects of sedative and analgeasic agent on respiration rate of calves

A = Xylazine HCL-2% lignocaine HCL; B = Xylazine HC-0.5% bupivacaine HCL; C = Diazepam-2% lignocaine HCL;

D = Diazepam-0.5% bupivacaine HCL; \* Significant (P<0.05) \*\* Significant (P<0.01) ns = non significant (P>0.05).

Group	Before sedation	15 minutes after sedation	30 minutes after sedation	45 minutes after sedation	60 minutes after sedation		
А	101.80±0.22	101.60±0.21	101.26±0.20	101.06±0.19	100.96±0.14		
В	101.82±0.22	101.58±0.21	101.36±0.21	101.10±0.16	100.90±0.15		
С	101.50±0.25	101.40±0.25	101.14±0.21	101.22±0.26	100.70±0.15		
D	101.70±0.20	101.46±0.22	101.28±0.22	101.06±0.17	100.90±0.17		
A Vulating LICL 20/ litragening LICL, P. Vulating LIC 0.50/ humingening LICL, C. Disconger 20/ litragening LICL.							

Table 3. Effects of sedative and analgeasic agent on rectal temperature (<sup>0</sup>F) of calves

A = Xylazine HCL-2% lignocaine HCL; B = Xylazine HC-0.5% bupivacaine HCL; C = Diazepam-2% lignocaine HCL; D = Diazepam-0.5% bupivacaine HCL; \* Significant (P<0.05) \*\* Significant (P<0.01) ns = non significant (P<0.05).

### Table 4. Observation after using sedative in calf

Group	Initial dose rate /kg BW (mg)	Time of onset of sedation (min)	Duration of sedation (min)	Further dose rate /kg BW (mg)	Extra duration of sedation (min)	Duration of deep sedation (min)
А	0.13±0.01	8±1.58	60.00±4.42	0.00	0.00	22.6±5.32
В	0.12±0.01	7±1.58	60.00±20	0.00	0.00	15.8±5.26
С	1.02±0.11	20.2±3.35	39.6±3.78	0.44±0.11	21.8±4.43	0.00
D	1.06±0.10	21.4±2.88	41.6±3.84	0.44±0.11	21±5.34	0.00

A = Xylazine HCL-2% lignocaine HCL; B = Xylazine HC-0.5% bupivacaine HCL; C = Diazepam-2% lignocaine HCL;

D = Diazepam-0.5% bupivacaine HCL; \* Significant (P<0.05) \*\* Significant (P<0.01) ns = non significant (P>0.05).

Table 5. Effect of analges	ic on herniorraphy i	n calf sedated with	n sedative and local	infiltration form
0				

Gro up	Form of local infiltration	Initial dose (ml)	Time of onset of analgesia in (min)	Duration of analgesia in (min)	Further dose (ml)	Extra duration of analgesia in (min)
А	Inverted "V" from anterior side	10.00	5.60±1.52	39.60±5.77	4.40±1.14	22.40±4.33
В	Inverted "U" from anterior side	10.00	8.00±1.58	55.8±1.58	0.6±1.34	3.20±7.15
С	Ring shape	10.00	3±1.22	43.6±5.81	2.6±1.14	15.2±8.35
D	Inverted "L" from both side	10.00	7.8±1.30	48±11.25	2.4±1.94	14±10.30

A = Xylazine HCL-2% lignocaine HCL; B = Xylazine HC-0.5% bupivacaine HCL; C = Diazepam-2% lignocaine HCL;

D = Diazepam-0.5% bupivacaine HCL; \* Significant (P<0.05) \*\* Significant (P<0.01) ns = non significant (P>0.05).

## The duration of analgesia

The mean values of duration of analgesia are presented in Table 5. There were statistically non-significantly (P>0.05) variations between different groups in term of duration of sedation. Xylazine hydrochloride produces rapid onset and a longer duration of sedation compared to diazepam and Xylazine hydrochloride significantly decreased respiration rates and heart rates compared to diazepam. 2% Lignocaine hydrochloride produces rapid onset of analgesia compared to 0.5% bupivacaine hydrochloride and 0.5% bupivacaine hydrochloride produces prolong duration of analgesia compared to 2% Lignocaine hydrochloride.

# Conclusions

Heart rate and respiration rate significantly decreased during sedation with xylazine hydrochloride plus 2% lignocaine hydrochloride or 0.5% bupivacaine hydrochloride. А significantly decreased heart rate and respiration rate also found during sedation with diazepam plus 2% lignocaine hydrochloride or 0.5% bupivacaine hydrochloride. Two percent lignocaine hydrochloride showed short onset, rapid spreading and no side effect.

# Acknowledgements

It is the author's proud privilege to acknowledge his sincere and deepest sense of gratitude to the most respected teacher and supervisor, Dr. Mirza Abul Hashim, Professor, Department of Surgery and Obstetrics, Bangladesh Agricultural University, Mymensingh for his uniting efforts, inspiration, encouragement, affectionate feelings and invaluable guidance throughout the course of this study. Without his scholastic supervision, congenial cooperation, unfailing interest and constructive criticism this thesis would not have seen the light of the day.

## References

- Anon. 1993. Economic review. Livestock Subsector, Directorate of Livestock Services, Bangladesh.
- Das BR and MA Hashim. 1996. Studies on surgical diseases in calves. Bangladesh Veterinary J. 30:53-57.
- Eugene PS and HB Nicholas. 1995. Local Anaesthetics. In: Veterinary Pharmacology and Therapeutics. State University Press. Pp. 271-358.
- Hall LW and KW Clarke. 1989. Veterinary Anaesthesia. 10<sup>th</sup> edn. Toronto, Ont.: Bailler Taindall, London. Pp.75-364.
- Hasihm MA. 2004. The effect of local analgesics for postoperative pain control after overiohysterectomy in the dog and cat. A project report, Department of Clinical Veterinary Science, University of Bristol, Langford House, Langford. Bristol BS 40 5DU, Uk. Pp. 1-8.
- Hossain SS and A Kumar. 1988. Evaluatiion of lignocaine with and without amylalcohal as a long acting epidural analgesia in buffaloes. Indian J. Anim. Sci. 58:1033-1036.
- Lumb WV and EW Jones. 1996. Veterinary Anaesthesia. 1<sup>th</sup> edn. Lea and Febiger, Philadelphia. Pp. 179-208.
- Peacock EEJ and W Van Winkle. 1976. Wound repair: Surgery Gynecology and Obstetrics. 140:7-10.
- Slatter DH. 1985. Text Book of Small Animal Surgery. Philadelphia, WS Saunders Company, Vol. 1. Pp. 351-373.