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Patient controlled intravenous opioid analgesia versus continuous epidural analgesia for pain after intra-abdominal surgery (Review)

Werawatganon T, Charuluxananan S

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Patient controlled intravenous opioid analgesia versus continuous epidural analgesia for pain after intra-abdominal surgery.

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[Intervention Review]

Patient controlled intravenous opioid analgesia versus continuous epidural analgesia for pain after intra-abdominal surgery

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REASON FOR WITHDRAWAL FROM PUBLICATION

This review was withdrawn from *The Cochrane Library* in Issue 3 2013. This is because the authors decided not to update the review and a new team of authors took over the review. The new authors' published protocol will update and replace this review. Werawatgnon & Charuluxananan concluded in 2005 that continuous epidural analgesia (CEA) was superior to Patient controlled intravenous opioid analgesia PCIVA in relieving postoperative pain for up to 72 hours in patients undergoing intra-abdominal surgery. There was an increased rate of pruritis in the CEA group, but insufficient evidence to draw conclusions for other clinical advantages and disadvantages. The Yeoh review will include patient controlled (PCEA) in addition to CEA in order to further identify the best strategy.

The editorial group responsible for this previously published document have withdrawn it from publication.

WHAT'S NEW

Date	Event	Description
18 February 2013	Amended	This review was withdrawn from <i>The Cochrane Library</i> in Issue 3 2013. This is because the authors decided not to update the review and a new team of authors took over the review. The new authors' published protocol will update and replace this review. Werawatgnon & Charuluxananan concluded in 2005 that continuous epidural analgesia (CEA) was superior to Patient controlled intravenous opioid analgesia PCIVA in relieving postoperative pain for up to 72 hours in patients undergoing intra-abdominal surgery. There was an increased rate of pruritis in the CEA group, but insufficient evidence to draw conclusions for other clinical advantages and disadvantages. The Yeoh review will include patient controlled (PCEA) in addition to CEA in order to further identify the best strategy.

HISTORY

Protocol first published: Issue 1, 2003

Review first published: Issue 1, 2005

Date	Event	Description
31 July 2008	Amended	Converted to new review format.

SOURCES OF SUPPORT

Internal sources

- Department of Anaesthesiology, Faculty of Medicine, Chulalongkorn University, Thailand.

External sources

- No sources of support supplied