Objectives: In this study, we intended to compare effects of morphine or fentanyl which are added to intratechally administered bupivacain for spinal anesthesia. 

Materials and Methods: In this study, 90 ASA I-II patients were included. Group M was 10 mg bupivacain and 1 mg morphine, group B was 12 mg bupivacain and group F was 10 mg bupivacain and 20 µg fentanyl. Hemodynamic, motor and sensorial block developing and regression times, first analgesic need time, newborn APGAR score and umbilical cord blood gas sample results were recorded. 

Results: Maximum sensorial block time was 6.6 minute in group B. Operation starting time was 8.76 minute in group F. In group F two segment regression time was high (101.3 minute) (p< 0.05). Motor block regression time was lower than other groups in group B. First analgesic administration time was 1336 minute in group M (p< 0.05). APGAR 1st and 5th minute scores were lower in group M but they were not statistically significant. 

Conclusion: As a result, optimal anesthesia and analgesia were provided in all groups. But longer anesthesia and analgesia time was seen in morphine added bupivacaine group. According to these results additional morphine to bupivacaine for caesarean operation is more effective than other strategies.