

Effect of pregabalin in acute post-operative pain and functional recovery for laparoscopic cholecystectomy

Submission date 03/01/2007	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 13/02/2007	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 26/03/2021	Condition category Surgery	<input type="checkbox"/> Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Dr Philip Peng

Contact details
McL 2-405
Toronto Western Hospital
399 Bathurst Street
Toronto
Canada
M5T 2S8
+1 (1)416 603 5118
philip.peng@uhn.on.ca

Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title

Effect of pregabalin in acute post-operative pain and functional recovery for laparoscopic cholecystectomy

Study objectives

Pregabalin provides superior post-operative pain control, lower analgesic consumption and better recovery profile compared with placebo.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approval received from the University Health Network Research Ethic Board, Toronto, Ontario, Canada, on the 15th December 2006 (ref: UHN REB 05-0745-B).

Study design

Double blind, randomised, controlled study

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Postoperative pain during laparoscopic cholecystectomy

Interventions

During laparoscopic cholecystectomy depending on the randomised three groups patients will receive three doses of pregabalin 50 mg/75 mg, first dose one hour after surgery and then every twelve hours or oral placebo.

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Pregabalin

Primary outcome(s)

1. Postoperative pain score (Numerical Rating Score [NRS]) in Post Anaesthesia Care Unit (PACU), one hour, six hours, day one, day two and day seven after surgery at rest and movement
2. Time to first analgesic consumption
3. Discharge time from PACU
4. Consumption of analgesics in the postoperative period up to day seven

Key secondary outcome(s)

1. General tolerability of the regimens
2. Sleep quality
3. Quality of Recovery 40-item questionnaire (QoR-40)

4. Adverse effects including Opioid-Related Symptom Distress Scale (ORSDS)
5. Patient satisfaction

Completion date

21/06/2008

Eligibility

Key inclusion criteria

1. Patients 18 to 65 years of age undergoing cholecystectomy under general anesthesia
2. Able to tolerate standard medications - 1000 mg of acetaminophen and 500 mg of naproxen

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Total final enrolment

162

Key exclusion criteria

1. Clinically diagnosed acute pancreatitis requiring urgent cholecystectomy
2. Allergy to gabapentin or pregabalin
3. Allergy to Non-Steroidal Anti-Inflammatory Drugs (NSAID) or acetaminophen
4. No analgesic within 24 hours before surgery (other than premedication)
5. Patients with Body Mass Index (BMI) more than 40
6. Serious organ disease
7. Creatinine clearance less than or equal to 60 mL
8. Chronic pain patients requiring more than 30 mg morphine per day or equivalent
9. Severe psychiatric disease
10. Drug addiction
11. Pregnancy
12. Language barrier

Date of first enrolment

21/01/2007

Date of final enrolment

21/06/2008

Locations

Countries of recruitment

Canada

Study participating centre

McL 2-405

Toronto

Canada

M5T 2S8

Sponsor information

Organisation

Pfizer (Canada)

ROR

<https://ror.org/059g90c15>

Funder(s)

Funder type

University/education

Funder Name

Support from Department of Anesthesiology and Pain Management, University of Toronto (Canada)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		01/08/2010	26/03/2021	Yes	No