

The effect of the use of fasica iliaca nerve blockade on patient positioning for spinal anaesthesia and the effect of continuous nerve blockade on post-operative pain and mobility outcomes in patients with hip fractures

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| Submission date 30/09/2009 | Recruitment status No longer recruiting | <input type="checkbox"/> Prospectively registered |
| | | <input type="checkbox"/> Protocol |
| Registration date 14/10/2009 | Overall study status Completed | <input type="checkbox"/> Statistical analysis plan |
| | | <input type="checkbox"/> Results |
| Last Edited 07/03/2017 | Condition category Surgery | <input type="checkbox"/> Individual participant data |
| | | <input type="checkbox"/> Record updated in last year |

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

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Additional identifiers

Protocol serial number

RGHT000559

Study information

Scientific Title

Comparison of fascia iliac compartment block with conventional sedation to facilitate the positioning of patients with fractured neck of femur for spinal anaesthesia and the effect of nerve blockade on post-operative pain and mobility: a randomised double-blind controlled study

Study objectives

Part 1: Does the use of single shot fascia iliaca blockade reduce pain on patient positioning for spinal anaesthesia when compared with a standard sedation regime?

Part 2: Does the use of post-operative bolus dose fascia iliaca blockade improve pain and mobility outcomes in patients undergoing operative repair of fractured neck of femur?

Ethics approval required

Old ethics approval format

Ethics approval(s)

Health and Social Care Research Ethics Committee (HSC REC 1) (Northern Ireland), 18/04/2008, ref: 08/NIR01/20

Study design

Randomised controlled double-blind trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Operative repair of fractured neck of femur

Interventions

Part 1:

Patients randomised to receive either fascia iliaca compartment block (FICB) with 2 mg/kg 1% lignocaine or conventional sedation with 0.2 mg/kg intravenous (iv) ketamine and 0.025 mg/kg iv midazolam. At the end of surgery, a FICB using 1 mg/kg 0.25% levobupivacaine will be performed in all patients.

Part 2:

Patients randomised to receive a pre-operative FICB using either 1 mg/kg 0.25% levobupivacaine or 2 mg/kg 1% lignocaine. After administration of FICB a catheter will be inserted below the fascia iliaca and secured in place. Patients will be reviewed in the post-operative period and bolus doses of 0.125% levobupivacaine administered through the FICB catheter if Visual Analogue Scale (VAS) is greater than 4. The catheter will be removed no longer than 24 hours after surgery.

Intervention Type

Procedure/Surgery

Phase

Not Applicable

Primary outcome(s)

Part 1: Comparison of VAS score on rest and positioning for spinal anaesthesia in patients who have received either a fascia iliaca compartment block or convention sedation.

Part 2: Comparison between post-operative VAS scores in patients receiving fascia iliaca blockade with either lignocaine or levobupivacaine and the effect of bolus top-up doses of low dose levobupivacaine on VAS scores.

Key secondary outcome(s)

1. Length of time to first request of additional analgesia
2. The level of assistance required for transfer from the sitting to the standing position
3. Incidence and severity of motor blockade
4. Time taken to mobilisation with walking aid
5. Measurement of oxygen saturations without supplemental oxygen in both groups
6. Incidence of all complications associated with the analgesic techniques in both groups
7. Incidence of nausea and/or vomiting within the first 48 hours after surgery in both groups
8. Use of blood products in all groups

Completion date

01/09/2009

Eligibility

Key inclusion criteria

1. American Society of Anaesthesiologists (ASA) class I - IV
2. Patients able to give written informed consent
3. Patients requiring operative repair of fractured neck of femur
4. Patients aged 18 years and over, either sex

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

1. History of dementia or difficulty in obtaining consent
2. History of allergy to any of the medications used in the study

Date of first enrolment

01/07/2009

Date of final enrolment

01/09/2009

Locations

Countries of recruitment

United Kingdom

Northern Ireland

Study participating centre

Queen's University Belfast

Belfast

United Kingdom

BT12 6BJ

Sponsor information

Organisation

Belfast Health and Social Care Trust (UK)

ROR

<https://ror.org/02tdmfk69>

Funder(s)

Funder type

Government

Funder Name

Belfast Health and Social Care Trust (UK) (ref: RGHT 000559)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration