

# Local anaesthesia for prevention of pain after removal of tonsils in adult patients

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<b>Registration date</b> 09/12/2011	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 06/11/2012	<b>Condition category</b> Surgery	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Treatment of postoperative pain after tonsillectomy is challenging. During first postoperative week pain is intense. Commonly used ibuprofen and paracetamol-codein combination or tramadol hydrochloride are not sufficient for adequate pain treatment at home. New methods are needed. Topical anaesthesia with ropivacaine is a safe, simple and easy method to prevent pain but we do not know well enough whether this method works.

The aim of this study is to test how well topical ropivacaine works on prevention of postoperative pain in adult patients for two postoperative weeks.

### Who can participate?

160 adult patients scheduled for elective day-surgery tonsillectomy will be recruited.

We will be recruiting patients for approximately 6-8months to reach the goal of 160 patients.

We will try to recruit 8 patients per week.

### What does the study involve?

After tonsillectomy has been performed under general anaesthesia, each tonsillar fossae will be tightly packed with two swabs containing either 80mg ropivacaine or saline. After five minutes, swabs will be removed and after that general anaesthesia terminated and patient extubated.

Other than that, patients will receive standard care. Pain will be evaluated in the post-anaesthesia care unit (PACU) for two hours. After discharge, patients will receive daily for two weeks an email containing a link to a questionnaire in a database. Patients will be asked to answer questions on pain and other symptoms, as well as the amount of pain medication used.

### What are the possible benefits and risks of participating?

There is no additional risk to patients compared to the normal clinical procedure, in which local infiltration anaesthesia is sometimes used to prevent postoperative pain. When local anaesthesia is used after tonsillectomy, there is a possibility that patients might have trouble in swallowing, so this will be monitored closely after the operation.

Where is the study run from?

The study will be run in the Helsinki University Central Hospital, Eye-Ear Clinic, by the Department of Otorhinolaryngology and the Department of Anesthesia and Intensive Care Medicine. There is only one trial centre.

When is the study starting and how long is it expected to run for?

The study will start in January 2012 and is expected to run until December 2012.

Who is funding the study?

The study is funded by the Helsinki University Central Hospital Research Funds, Helsinki, Finland.

Who is the main contact?

Dr Vesa Kontinen

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## Contact information

### Type(s)

Scientific

### Contact name

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

HYKSKIPU2011-1

## Study information

### Scientific Title

Topical anaesthesia for postoperative pain in adult patients undergoing tonsillectomy

### Study objectives

Topical anaesthesia will improve pain relief after tonsillectomy

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Ethics Committee, Department of Surgery, Helsinki University Central Hospital approved the study on 14th of September 2011

**Study design**

Single-centre double-blinded randomized controlled prospective study

**Primary study design**

Interventional

**Secondary study design**

Randomised controlled trial

**Study setting(s)**

Hospital

**Study type(s)**

Treatment

**Participant information sheet**

Not available in web format, please use the contact details below to request a patient information sheet

**Health condition(s) or problem(s) studied**

Tonsillectomy

**Interventions**

After the operation, each tonsillar fossae will be tightly packed with two swabs containing either 80mg ropivacaine (study group) or same amount of saline (placebo). After five minutes, swabs will be removed. Otherwise tonsillectomy will be carried out as usual.

To make sure that every swab contains equal amount of ropivacaine or saline, swabs will be dipped in 20ml of either ropivacaine or saline, and extra liquid pressed out. After that they will be tightly packed in tonsillar fossae.

**Intervention Type**

Drug

**Phase**

Not Applicable

**Drug/device/biological/vaccine name(s)**

Ropivacaine

**Primary outcome measure**

Pain intensity when swallowing measured on NRS 0-10 (0 no pain, 10 worst possible pain) during 7 postoperative days. Area under curve (AUC) of the pain intensity will be calculated.

### **Secondary outcome measures**

1. Worst pain during two hours followup in post-anesthesia care unit (PACU)
2. The amount of pain and pain medication during 14 postoperative days

### **Overall study start date**

01/01/2012

### **Completion date**

01/01/2013

## **Eligibility**

### **Key inclusion criteria**

1. Adult patients age over 18 years scheduled for elective day-surgery tonsillectomy, operation under general anaesthesia
2. American Society of Anaesthesiologists (ASA) class I and II

### **Participant type(s)**

Patient

### **Age group**

Adult

### **Lower age limit**

18 Years

### **Sex**

Both

### **Target number of participants**

160 patients: 80 in study group and 80 in control group.

### **Key exclusion criteria**

1. Peritonsillary abscess 2 weeks preoperatively
2. Suspicion of malignancy
3. Haemostatic disorder
4. Regular analgesic use
5. Antidepressant medication
6. Allergy or contraindication to research medication
7. Weight less than 50kg or more than 120kg
8. Inability to communicate in Finnish or Swedish
9. Inability to use Numerical rating scale (NRS) pain scale

### **Date of first enrolment**

01/01/2012

### **Date of final enrolment**

01/01/2013

## **Locations**

**Countries of recruitment**

Finland

**Study participating centre**

Haartmaninkatu 2

Helsinki

Finland

00029

## **Sponsor information**

**Organisation**

Helsinki University Central Hospital (Finland)

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**Sponsor type**

Hospital/treatment centre

**ROR**

<https://ror.org/02e8hzhf44>

## **Funder(s)**

**Funder type**

Hospital/treatment centre

**Funder Name**

Helsinki University Central Hospital (Finland)

## **Results and Publications**

Publication and dissemination plan

Not provided at time of registration

**Intention to publish date**

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**

Not provided at time of registration