

Epidural versus Wound Infusion Catheter Study

Submission date 07/09/2009	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 28/10/2009	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 27/11/2015	Condition category Cancer	<input type="checkbox"/> Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number
2009-014375-50

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
1.7

Study information

Scientific Title

Comparison of the efficacy of thoracic Epidural analgesia and a local anaesthetic Wound Infusion Catheter after laparoscopic colectomy within the Enhanced Recovery Programme: a pilot randomised controlled trial (RCT)

Acronym

E-WIC

Study objectives

Wound infusion catheter is at least as effective as epidural following laparoscopic colectomy within the Enhanced Recovery Programme.

Ethics approval required

Old ethics approval format

Ethics approval(s)

South West Research Ethics Committee, 01/02/2010, ref: 09/H0206/66

Study design

Pilot randomised controlled trial

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

Laparoscopic colectomy within an enhanced recovery programme

Interventions

Patients recruited from colorectal outpatient clinic will be randomised to receive either epidural or wound infusion catheter.

Intervention Type

Other

Phase

Not Applicable

Primary outcome measure

Patient reported pain assessment. This will be assessed at baseline before the operation, on return to the ward after surgery and twice daily at 10.00 and 16.00 on days one and two post operatively. It will then be measured once daily until discharge and in outpatient follow up two weeks post operation.

Secondary outcome measures

1. Rescue analgesia. Analgesia log will be filled in daily by research nurse
2. Patient reported outcomes will be recorded pre operatively as baseline and prior to discharge by the research nurse using a structured questionnaire
3. Quality of life assessment using SF-36® Health Survey and Euroqol EQ-5D at baseline, prior to discharge and at two week follow up
4. A subset of 10 patients will be invited to take part in video recorded interviews at two week follow up to assess the success of blinding and to investigate the patient experience of taking part
5. Complications will be entered into a data sheet at discharge by the research fellow and followed up to 30 days to capture readmission, morbidity and mortality
6. Length of hospital stay will be recorded by the research nurse at discharge
7. Standard performance indicators using short physical performance battery will be assessed by the research nurse at baseline and 48 hours post operatively
8. Stress response to surgery and the effect of analgesic method will be investigated with blood samples taken at baseline, 3, 6, 12 and 24 hours after surgery. This will be performed by the research fellow or on call doctor to a strict protocol. The samples will measure epinephrine, cortisol, insulin and interleukin-6.

Overall study start date

29/11/2009

Completion date

07/02/2011

Eligibility

Key inclusion criteria

1. Both males and females, aged 18 or over
2. Patients undergoing elective laparoscopic colectomy for right or left sided benign or malignant tumour of the colon, with intention to cure
3. American Society of Anesthesiology score of I, II or III
4. Able to provide written informed consent

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

50

Key exclusion criteria

1. Transverse colon or rectal tumour
2. Locally advanced (T4) or widespread distant disease. Palpable mass.
3. Emergency admission or obstruction/perforated disease
4. Inflammatory bowel disease (Crohn's Disease or Ulcerative Colitis)
5. Known allergy to local anaesthetic
6. Multiple sclerosis or chronic pain requiring regular strong opiate drugs
7. Recent history of drug or alcohol abuse
8. Contraindication to epidural
9. Poor cognitive ability making consent or completion of questionnaires impossible
10. Pregnant women

Date of first enrolment

01/04/2010

Date of final enrolment

01/04/2011

Locations**Countries of recruitment**

England

United Kingdom

Study participating centre

Yeovil District Hospital

Yeovil

United Kingdom

BA21 4AT

Sponsor information**Organisation**

Yeovil District Hospital NHS Foundation Trust (UK)

Sponsor details

Yeovil District Hospital

Higher Kingston

Yeovil

England
United Kingdom
BA21 4AT

Sponsor type

Hospital/treatment centre

Website

<http://www.yeovilhospital.nhs.uk/>

ROR

<https://ror.org/00v5nyn36>

Funder(s)

Funder type

Government

Funder Name

National Institute for Health Research

Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

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

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/02/2013		Yes	No
HRA research summary			28/06/2023	No	No