

# Prevention of shoulder tip pain after right hemihepatectomy

|  |   |  |
|--|---|--|
| <b>Submission date</b><br>30/09/2004   | <b>Recruitment status</b><br>No longer recruiting | <input type="checkbox"/> Prospectively registered<br><input type="checkbox"/> Protocol                       |
| <b>Registration date</b><br>30/09/2004 | <b>Overall study status</b><br>Completed          | <input type="checkbox"/> Statistical analysis plan<br><input type="checkbox"/> Results                       |
| <b>Last Edited</b><br>05/12/2014       | <b>Condition category</b><br>Signs and Symptoms   | <input type="checkbox"/> Individual participant data<br><input type="checkbox"/> Record updated in last year |

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Dr M Hawkins

**Contact details**  
Anaesthesia  
University Hospital Aintree  
Longmoor Lane  
Fazakerley  
Liverpool  
United Kingdom  
L9 7AL  
+44 (0)151 529 5152  
abc@email.com

## Additional identifiers

**Protocol serial number**  
N0025128440

## Study information

**Scientific Title**  
Prevention of shoulder tip pain after right hemihepatectomy

**Study objectives**

To assess whether infiltration of the diaphragm with local anaesthetic will prevent shoulder tip pain after hemihepatectomy

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Not provided at time of registration

**Study design**

Randomised controlled trial

**Primary study design**

Interventional

**Study type(s)**

Treatment

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

Signs and Symptoms: Post-operative pain

**Interventions**

At end of proposed surgery prior to closure of abdomen, the diaphragm will be infiltrated with 20 ml of solution consisting of either 0.25% bupivacaine or 0.9% saline by the surgeon. Solutions will be made up in Pharmacy and delivered in sterile syringes such that neither surgeon nor anaesthetist will know what has been administered. Closure of abdomen and recovery from anaesthesia will proceed in normal way and patient will be moved to recovery area. When recovered they will be assessed for presence/absence of shoulder-tip and/or abdominal pain. (If abdominal pain is present, epidural will be topped up in usual manner). If shoulder-tip pain is present attempts will be made to rate this as mild, moderate or severe. Rescue analgesia will be with ketorolac as is current practice.

**Intervention Type**

Procedure/Surgery

**Primary outcome(s)**

Not provided at time of registration

**Key secondary outcome(s)**

Not provided at time of registration

**Completion date**

01/02/2006

**Eligibility****Key inclusion criteria**

40 adult patients

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

Not Specified

**Key exclusion criteria**

Not provided at time of registration

**Date of first enrolment**

01/10/2003

**Date of final enrolment**

01/02/2006

**Locations****Countries of recruitment**

United Kingdom

England

**Study participating centre**

University Hospital Aintree

Liverpool

United Kingdom

L9 7AL

**Sponsor information****Organisation**

Department of Health

**Funder(s)****Funder type**

Hospital/treatment centre

**Funder Name**

Aintree Hospitals NHS Trust (UK)

**Results and Publications**

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

**IPD sharing plan summary**

Not provided at time of registration