

# Ultrasound guided spermatic cord block for scrotal surgery

<b>Submission date</b> 10/05/2009	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 26/06/2009	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
<b>Last Edited</b> 23/02/2011	<b>Condition category</b> Surgery	<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

**Protocol serial number**  
N/A

## Study information

**Scientific Title**  
Ultrasound guided spermatic cord block for scrotal surgery: a feasibility pilot study

**Study objectives**  
Blindly performed spermatic cord blockade are known to be difficult, painful and has potential risk (intravasal injection of local anaesthesia, perforation of vessels and perforation of the

deferent duct). The aim of this study is to test the feasibility of ultrasound guided spermatic cord blockade.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Local ethics committee (Kantonale Ethikkommission KEK) approved on the 10th November 2008 (ref: 167/08)

### **Study design**

Non-randomised, non-controlled feasibility pilot study

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

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

Regional anaesthesia

### **Interventions**

After antiseptic cleaning of the external genitalia, the spermatic cord is grasped gently between the left thumb and index finger. Using a 2 cm pediatric ultrasound probe the spermatic cord is identified by searching the testicular artery and the deferent duct. Using a 22 G Microlance needle the local anaesthesia (10 ml) is slowly injected around the ductus deferens avoiding vessel perforation.

Patients will then receive either a subcapsular orchiectomy or a vaso-vasostomy.

As of 17/06/2010 the above anticipated end date of this trial has been amended to the actual end date. The initial anticipated end date at the time of registration was 31/12/2009.

### **Intervention Type**

Procedure/Surgery

### **Phase**

Not Applicable

### **Primary outcome(s)**

Success rate of the blockade defined as surgery without any substitution (analgesics, conversion to general anaesthesia).

### **Key secondary outcome(s)**

1. Visual Analogue Scale (VAS) (0 - 10) during blockade and every 30 minutes after beginning of surgery
2. Volume of local anaesthesia for blockade
3. Duration of blockade: defined as point of time of the first demand of analgesics after surgery
4. Patient satisfaction (scale 0 - 5) in general 1 week after surgery

**Completion date**

01/03/2010

## Eligibility

**Key inclusion criteria**

Electively planned patients (male or female aged at least 16 years - no upper age limit), for subcapsular orchiectomy or vaso-vasostomy.

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

1. Refusal of regional anaesthesia
2. Patients with anticoagulation
3. Anamnesis of haemorrhagic diathesis
4. Adipositas (Body Mass Index [BMI] greater than 40)

**Date of first enrolment**

01/01/2009

**Date of final enrolment**

01/03/2010

## Locations

**Countries of recruitment**

Switzerland

**Study participating centre**

University Hospital Berne

Bern

Switzerland

3010

## Sponsor information

## Organisation

University of Bern (Switzerland)

## ROR

<https://ror.org/02k7v4d05>

## Funder(s)

### Funder type

University/education

### Funder Name

University of Berne (Switzerland) - Scientific fund of the Department of Anaesthesia and Pain Therapy

## 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?
<a href="#">Results article</a>	results	01/02/2011		Yes	No