# Comparison of the potential short and long term benefits of the use of a continuous popliteal nerve block compared to a single shot technique in patients undergoing surgical repair of ankle fractures

Submission date	Recruitment status	Prospectively registered
06/08/2009	Stopped	[] Protocol
Registration date	Overall study status	Statistical analysis plan
01/10/2009	Stopped	[] Results
Last Edited	Condition category	Individual participant data
12/06/2014	Surgery	[] 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

EudraCT/CTIS number

IRAS number

#### ClinicalTrials.gov number

Secondary identifying numbers RGHT 000669

### Study information

#### Scientific Title

Comparison of the effects of single or continuous popliteal nerve block on post-operative outcome measures in patients undergoing operative repair of ankle fracture: a randomised controlled double-blind trial

#### **Study objectives**

Does the use of a continuous popliteal nerve block after ankle fracture surgery reduce the incidence of chronic post-surgical ankle pain?

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Health and Social Care Research Ethics Committee 2 (HSC REC 2) approved on the 28th July 2009 (ref: 09/NIR02/38)

**Study design** Randomised double blind 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

Surgical repair of ankle fracture

#### Interventions

Single shot popliteal nerve block followed by randomisation to receive either a continuous popliteal nerve block using 0.125% levobupivacaine or placebo infusion.

For each patient, in hospital follow up will continue for 48 hours after their surgical procedure. Patients will then be contacted at 3 months post-procedure and asked to fill in a repeat Magill pain questionnaire. This will be the end of the study for this patient.

Added 09/08/2011: Study did not commence due to issues with equipment & funding

#### Intervention Type

Procedure/Surgery

#### Phase

Not Applicable

#### Primary outcome measure

Reduction in the incidence of chronic ankle pain at three months post-procedure

#### Secondary outcome measures

1. Post-operative morphine usage assessed at designated times in the post-operative period: one hour after surgery before leaving the recovery area and at 4, 8, 12, 16, 24, 30, 36 and 48 hours after the procedure

2. Time to first mobilisation, recorded at time to first mobilisation

3. Difference in pain scores in both the post-operative period and on first mobilisation assessed at designated times in the post-operative period: one hour after surgery before leaving the recovery area and at 4, 8, 12, 16, 24, 30, 36 and 48 hours after the procedure and on first mobilisation

4. Total length of hospital stay, recorded from the day of admission to day of discharge 5. Patient satisfaction assessed at the end of the 48 hour post-operative period using the 40item quality of recovery (QoR-40) questionnaire

#### Overall study start date

17/08/2009

#### **Completion date**

29/04/2010

#### Reason abandoned (if study stopped)

Lack of funding/resources

### Eligibility

#### Key inclusion criteria

1. American Society of Anaesthesiologists (ASA) class I - III

2. Patients able to give written informed consent

3. Patients awaiting operative repair of an ankle fracture

4. Aged between 18 - 80 years, either sex

Participant type(s) Patient

**Age group** Adult

### Lower age limit

18 Years

**Sex** Both

**Target number of participants** 60 patients divided into two groups of 30

#### Key exclusion criteria

1. History of an allergy to any of the medications used in the study

- 2. Pregnancy
- 3. Local infection at site of nerve blockade
- 4. Any form of neurological dysfunction in lower limbs

5. Patients suffering from severe hypotension such as cardiogenic or hypovolaemic shock or with a serious cardiac arrhythmia

#### Date of first enrolment

17/08/2009

### Date of final enrolment

29/04/2010

### Locations

#### **Countries of recruitment** Northern Ireland

United Kingdom

**Study participating centre Department of Anaesthetics & Intensive Care Medicine** Belfast United Kingdom BT12 6BJ

### Sponsor information

**Organisation** Belfast Health and Social Care Trust (UK)

**Sponsor details** Grosvenor Road Belfast Northern Ireland United Kingdom BT12 6BA

**Sponsor type** Hospital/treatment centre

Website http://www.belfasttrust.hscni.net/

ROR https://ror.org/02tdmfk69

### Funder(s)

**Funder type** Government

**Funder Name** Belfast Health and Social Care Trust (UK) (ref: RGHT 000669)

### **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 HRA research summary

Details Date created

Date added 28/06/2023

**Peer reviewed?** No

d? Patient-facing? No