A modified technique of intravenous regional anaesthesia (IVRA) using upper arm double tourniquet with temporary mid forearm tourniquet - does it improve regional anaesthesia and postoperative analgesia for hand surgery?

Submission date 30/09/2004	Recruitment status No longer recruiting	 Prospectively registered Protocol
Registration date 30/09/2004	Overall study status Completed	 [] Statistical analysis plan [X] Results
Last Edited 15/08/2011	Condition category Surgery	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

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers N0050124903

Study information

Scientific Title

Study objectives

Does the use of a temporary mid forearm tourniquet during IVRA improve anaesthesia for hand surgery?

Ethics approval required Old ethics approval format

Ethics approval(s)

Added 04 September 2009: Ethics approval was received from the local medical ethics committee before trial recruitment began.

Study design Randomised controlled trial

Primary study design Interventional

Secondary study design Randomised controlled trial

Study setting(s) Not specified

Study type(s) Not Specified

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

Surgery: Hand

Interventions

Patients having elective hand surgery, under IVRA, will be randomised into two groups. One group will have the standard technique of IVRA and the other group will have a modified technique whereby an additional forearm tourniquet is also applied. Anaesthesia of the hand will be assessed using forceps pinch and patient assessment of comfort during the operation.

Postoperative analgesia will be measured by patient assessment of comfort thirty minutes after the end of the operation. The two techniques will be compared to see if the modified technique produces quicker onset, better anaesthesia and improved postoperative analgesia.

Intervention Type

Procedure/Surgery

Phase Not Specified

Primary outcome measure

1. Speed of onset of anaesthesia

2. Assessment of anaesthesia over area to be incised

3. Total volume of local anaesthetic (LA) infiltrated by surgeon during procedure

4. Patient comfort during procedure and thirty minutes postoperatively (using Visual Analogue Scores)

Secondary outcome measures

Not provided at time of registration

Overall study start date 20/05/2003

Completion date

31/10/2003

Eligibility

Key inclusion criteria Adult patients presenting for elective minor hand surgery, under IVRA, at St Luke's Hospital.

Participant type(s) Patient

Age group Adult

Sex Not Specified

Target number of participants Added 04 September 2009: 50

Key exclusion criteria Added 04 September 2009: patient refusal.

Date of first enrolment 20/05/2003

Date of final enrolment

31/10/2003

Locations

Countries of recruitment England

United Kingdom

Study participating centre Anaesthesia Bradford United Kingdom BD9 6RJ

Sponsor information

Organisation Department of Health

Sponsor details

Richmond House 79 Whitehall London United Kingdom SW1A 2NL

Sponsor type

Government

Website http://www.dh.gov.uk/Home/fs/en

Funder(s)

Funder type Government

Funder Name Bradford Hospitals NHS Trust (UK)

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	01/02/2011		Yes	No