

Does adding intravenous dexamethasone to paravertebral block augment postoperative analgesia in breast cancer patients?

Submission date 23/06/2017	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 29/06/2017	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 04/01/2019	Condition category Surgery	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Breast cancer normally requires surgery as a treatment, either to remove a lump or to remove the entire breast tissue. An important aspect of surgery is the anesthetic in order to not feel pain during the operation. There are different types of anesthetics that have different benefits. A paravertebral block (PVB) is a method that provides an analgesic effect (pain control) with less sedation (a medication to put people to sleep). Adding an intravenous dexamethasone (a steroid medication that is added to the veins through a needle) could be beneficial to patients to help control inflammatory conditions when given in addition to a PVB. The aim of this study is to evaluate if intravenous dexamethasone augments the analgesic effect of paravertebral block in breast cancer surgery.

Who can participate?

Adults aged 18-80 who are undergoing surgery for breast cancer

What does the study involve?

Participants are randomly allocated to one of two groups. Participants receive the standard operating care prior to surgery. Those in the first group receive a paravertebral nerve block as well as intravenous dexamethasone added to it. Those in the second group receive the PVB only. All participants receive standard care. Participants are observed every two hours for 72 hours after surgery for pain, nausea, vomiting, side effects, and to see if any other pain medication is taken.

What are the possible benefits and risks of participating?

Participants may benefit from a longer lasting analgesic effect. There are no risks with participating.

Where is the study run from?

National Cancer Institute, Cairo University (Egypt)

When is the study starting and how long is it expected to run for?
March 2017 to September 2017

Who is funding the study?
National Cancer Institute, Cairo University (Egypt)

Who is the main contact?
Dr Ahmed Bakeer
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Contact information

Type(s)
Scientific

Contact name
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Additional identifiers

Protocol serial number
201617016.2p

Study information

Scientific Title
Intravenous dexamethasone augments the analgesic effect of paravertebral block for cancer breast surgery: a prospective randomised placebo-controlled study

Study objectives
The aim of this study is to evaluate if intravenous dexamethasone augments the analgesic effect of paravertebral block in breast cancer surgery.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Ethical Committee of National Cancer Institute, Cairo University, 18/6/2017, ref: 201617016

Study design

Observational prospective randomised placebo controlled study

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Female patients undergoing surgery for breast cancer

Interventions

Participants are randomly allocated to one of two groups. Participants receive the standard operating care prior to surgery.

Intervention group: Participants in this group receive a paravertebral nerve block (PVB) as well as an intravenous dexamethasone added to it. Surgery is then continued as to the standard level of care.

Control group: Participants receive the PVB and the standard care.

Participants are observed every two hours for 72 hours post-operatively for pain, nausea, vomiting, if any other analgesic taken and when sensation returns. Any side effects, nausea or vomiting are recorded for 72 hours.

Intervention Type

Drug

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

paravertebral nerve block, intravenous dexamethasone

Primary outcome(s)

1. Pain is measured using the visual analogue score (VAS) at every two hours during the 72 hours post operation
2. Time of return sensation is measured using patient interviews at every two hours during the 72 hours post operation
3. Analgesic taken is measured using patient records at every two hours during the 72 hours post operation

Key secondary outcome(s)

1. Nausea is measured using patient records at every two hours during the 72 hours post operation
2. Vomiting is measured using patient records at every two hours during the 72 hours post operation
3. Side effects and complications measured using patient records at every two hours during the 72 hours post operation

Completion date

01/09/2017

Eligibility

Key inclusion criteria

1. Patients for breast cancer surgery ASA1-3
2. Aged from 18-80

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Upper age limit

80 years

Sex

Female

Key exclusion criteria

1. Coagulopathy
2. Allergy to drugs in study
3. Refusal to participate
4. Severe renal, hepatic or lung disease
5. Chronic opioid use

Date of first enrolment

01/03/2017

Date of final enrolment

01/08/2017

Locations

Countries of recruitment

Egypt

Study participating centre

National Cancer Institute, Cairo University

Al Kasr Al Aini

Fom Al Khalig WA Deir an Nahas

Misr Al Qadimah

Cairo Governorate

Cairo

Egypt

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Sponsor information

Organisation

National Cancer Institute, Cairo University

ROR

<https://ror.org/03q21mh05>

Funder(s)

Funder type

University/education

Funder Name

National Cancer Institute, Cairo University

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Dr Ahmed Baker at ahmed_bakir76@yahoo.com.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	19/12/2018		Yes	No