

# Spinal anaesthesia or general anaesthesia for surgery of pilonidal fistula

<b>Submission date</b> 23/08/2010	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 17/05/2011	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
<b>Last Edited</b> 17/05/2011	<b>Condition category</b> Surgery	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> 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

**Protocol serial number**  
N/A

## Study information

**Scientific Title**  
Comparison of spinal anaesthesia with 1.5 ml hyperbaric bupivacaine 0.5% and total intravenous anaesthesia for minor anorectal surgery

## **Study objectives**

Minor anorectal surgery can be performed with several anaesthesia techniques. Due to multiple irrational fears, many patients deny spinal anaesthesia and prefer a general anaesthesia. In this study we evaluate the practicability, patients' acceptability and analgetic consumption for both anaesthesia techniques in patients undergoing minor anorectal surgery.

## **Further reading:**

2010 results of related trial [ISRCTN41981381] in <http://www.ncbi.nlm.nih.gov/pubmed/19937984>

## **Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

Ethics approval received from the local medical ethics committee (Medizinische Ethikkommission II Anschrift: Medizinische Ethik-Kommission II) on the 18th March 2010 (ref: 2010-215N-MA)

## **Study design**

Single centre randomised controlled trial

## **Primary study design**

Interventional

## **Study type(s)**

Treatment

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

Minor anorectal surgery

## **Interventions**

Patients with anorectal surgery are 1:1 randomised to either a spinal anaesthesia or a general anaesthesia. All patients received either:

1. A spinal anaesthesia with 1.5 ml hyperbaric bupivacaine 0.5% or
2. A total intravenous anaesthesia with:
  - 2.1. 0.2 mg fentanyl and 2 mg propofol 1% per kg body weight for induction
  - 2.2. Propofol 1% in a perfusion pump for the duration of anaesthesia, dosage depending on the demands of the patient
  - 2.3. An orotracheal intubation

## **Intervention Type**

Procedure/Surgery

## **Phase**

Not Applicable

## **Primary outcome(s)**

Recovery room time, measured on day of surgery.

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

Consumption of analgetics in the first 24 hours, measured 48 hours after surgery.

**Completion date**

30/06/2011

## Eligibility

**Key inclusion criteria**

1. Patients (male/female) with minor anorectal surgery
2. Operation in prone position
3. Age: 18 - 80 years
4. American Society of Anaesthesiologists (ASA) grade I - II
5. No contra-indication against spinal anaesthesia or general anaesthesia

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Key exclusion criteria**

1. Contra-indications against spinal anaesthesia or general anaesthesia
2. Allergy against diclofenac

**Date of first enrolment**

01/07/2010

**Date of final enrolment**

30/06/2011

## Locations

**Countries of recruitment**

Germany

**Study participating centre**

Clinic of Anaesthesiology and Critical Care Medicine

Mannheim

Germany

68167

# Sponsor information

## Organisation

University Hospital Mannheim (Germany)

## ROR

<https://ror.org/05sxbyd35>

# Funder(s)

## Funder type

Hospital/treatment centre

## Funder Name

University Hospital Mannheim (Germany)

# Results and Publications

## Individual participant data (IPD) sharing plan

## IPD sharing plan summary

Not provided at time of registration