

# The effect of local anaesthetic on skin graft thickness and cell culture

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<b>Registration date</b> 29/09/2006	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 12/08/2009	<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**  
N0265166240

## Study information

**Scientific Title**

### Study objectives

1. We want to revisit the anatomy of a split skin graft. Our understanding of the healing of donor sites is based on work done in the 1920s at a time when grafts were taken by a hand knife. We

are not sure the modern mechanical dermatomes take the same amount of skin or damage the same amount of the dermis (the deeper layer of skin that is left behind when a graft is taken). Therefore we wish to look at the skin that is left behind histologically following the harvest of split skin using a mechanical dermatome set at various thicknesses.

2. We wish to look at the effect of EMLA (eutectic mixture of local anaesthetics) on the skin thickness that is left behind for the same dermatome settings.

3. We also want to know if local anaesthetics interfere with cell growth which is of great importance when harvesting skin for culture in burns patients.

### **Ethics approval required**

Old ethics approval format

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

Not provided at time of registration

### **Study design**

Randomised controlled trial

### **Primary study design**

Interventional

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

Not Specified

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

Surgery: Skin graft

### **Interventions**

EMLA cream is frequently used in the harvesting of split skin grafts. It provides sufficient anaesthesia for grafts to be taken without any supplemental anaesthetic agent. Reports suggest the application of EMLA cream may result in variations in skin thickness. This change in skin thickness may have significant consequences on the subsequent graft taken. The aim of this study is to assess histologically the effect of EMLA cream on the thickness of split skin grafts taken and the effects of local anaesthetics on skin culture.

### **Methods**

A randomised controlled trial will be performed to assess the thickness of split skin grafts taken using EMLA cream and the effect of local anaesthetic on cell culture. The investigators, who will provide verbal and written information regarding the trial, will approach patients. If the patient agrees to participate written consent will be obtained.

### **Materials**

EMLA cream, occlusive dressings, lidocaine

### **Preoperative Preparation**

The operating surgeon will mark the abdomen for the abdominoplasty procedure. The surgeon, will then offer the patient envelopes in order to randomise EMLA to either the right or left side of the abdominoplasty. The cream will then be applied and an occlusive dressing applied at least 2 hours prior to surgery.

### **Intraoperative Procedure**

In theatre, the occlusive dressing and cream will be removed from the abdomen. Lignocaine will be injected under the skin on the other side of the abdomen. The dermatome will be used to harvest the split skin grafts. The dermatome thickness will be adjusted so three grafts of varying thickness will be taken on across the abdomen (4, 8, 12 /1000th of an inch). Six core biopsies (6mm in diameter) will be taken from the edge of the donor sites. These specimens will then be placed in formalin to fix

the tissue for analysis be forwarded to the histopathology department for histological analysis. A further three core biopsies from each area will be taken for cell culture. These will be wrapped in saline soaked gauze, and sent in plain sterile containers carefully labelled to the skin laboratory. The abdominoplasty procedure will continue as normal following excision of the unwanted abdominal skin. Postoperatively, the patient will require no further follow-up from the study investigators and no long term consequences from the study are anticipated as the skin used would have been discarded anyway.

### **Histological Assessment**

Core biopsies will be taken from the edges of the donor sites to include adjacent normal skin. This method will allow analysis of the thickness of skin removed. Once this analysis has been performed and results recorded, the specimens will be destroyed. Photographs of histological findings with all patient identifiers removed may be used in the publication of results.

### **Cell culture Assessment**

Using standardised cell culture techniques, the skin biopsies from each area of local anaesthetic and control will be cultured. Cell counts will be performed for keratinocytes and fibroblasts at the appropriate intervals.

### **Statistical Analysis**

The skin thicknesses for the EMLA and control specimens will then be analysed for statistical significance as discussed with the Trust statistician.

## **Intervention Type**

Drug

## **Phase**

Not Specified

## **Drug/device/biological/vaccine name(s)**

EMLA cream, lidocaine

## **Primary outcome(s)**

Not provided at time of registration

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

Not provided at time of registration

## **Completion date**

14/10/2008

## **Eligibility**

### **Key inclusion criteria**

Patients undergoing abdominoplasty surgery will be recruited for the trial. These patients will be recruited from clinics where they have attended for discussion of the procedure. The area of skin to be discarded as part of the routine abdominoplasty procedure will be used for the trial. If the patient agrees to participate written consent will be obtained. Inclusion criteria include:

1. Low anaesthetic risk patients (ASA I)
2. Previous sensitivity to opsite, EMLA, lidocaine or prilocaine, as these are the materials to be tested.

Long term steroid use, as this affects the structure of the skin (by thinning it), and can affect wound healing, which may adversely affect the cell culture

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Sex**

Not Specified

### **Key exclusion criteria**

Long term steroid use, previous adverse reaction to EMLA, prilocaine or lidocaine.

### **Date of first enrolment**

08/10/2005

### **Date of final enrolment**

14/10/2008

## **Locations**

### **Countries of recruitment**

United Kingdom

England

### **Study participating centre**

**Burns & Plastics**

Birmingham

United Kingdom

B29 6JD

## **Sponsor information**

## Organisation

Record Provided by the NHSTCT Register - 2006 Update - Department of Health

## Funder(s)

### Funder type

Government

### Funder Name

University Hospital Birmingham NHS Trust (UK), NHS R&D Support Funding

## 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	01/10/2008		Yes	No