A randomised trial comparing two different methods of anesthesia prior to reduction of a displaced wrist fracture: Local anesthesia at the fracture side or nerve blocking anesthesia at the elbow.

No registrations found.

Ethical review	Positive opinion
Status	Pending
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON24465

Source
Nationaal Trial Register

Brief title
Regional nerve block at the elbow or haematoma block prior to reduction of displaced distal radius fractures

Health condition

Displaced distal radius fracture; wrist fracture; haematoma block; regional nerve block; anesthesia; manipulation.

Sponsors and support

Primary sponsor: Bronovo Ziekenhuis
Source(s) of monetary or material Support: Bronovo Ziekenhuis

Intervention

Outcome measures

Primary outcome

Pain during fracture reduction (VAS score).

Secondary outcome

1. Complications;

2. Secundary re-dislocation.

Study description

Background summary

Fracture of the distal radius is a common clinical problem, particularly in older white women with osteoporosis. For patients with a displaced distal radius fracture, fracture reduction is the first step in management of these injuries. Anaesthesia is usually provided during reduction of displaced fractures; different methods of anesthesia are used in clinical practice. Current literature offers no strong evidence to support either of the different techniques (general anesthesia excluded) in providing best analgesia during fracture reduction. We think that regional nerve block at the elbow provides equal or better analgesia compared to haematoma block anesthesia.

Study objective

Regional nerve block at the elbow provides equal analgesia compared to haematoma block during reduction of a displaced distal radius fracture in adults.

Study design

Follow-up up to one week.

Intervention

Two different methods of anesthesia (no general anesthesia):

1. Haematoma block around the fracture;

2. Regional nerve block at the level of the elbow.

Contacts

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Eligibility criteria

Inclusion criteria

1. Patients > 18 years old;

2. Displaced distal radius fractures;

3. Closed fractures;

4. Informed consent.

Exclusion criteria

1. Children;

2. Fractures > 7 days old;

3. Open fractures;

4. Bilateral fractures;

5. Poly-trauma patients;

6. Expected noncompliance.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-06-2013
Enrollment:	38
Type:	Anticipated

Ethics review

Positive opinion

Date:	23-11-2012
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

ID: 44947
Bron: ToetsingOnline
Titel:

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL3562
NTR-old	NTR3719
CCMO	NL42831.098.12
ISRCTN	ISRCTN wordt niet meer aangevraagd.
OMON	NL-OMON44947

Study results

Summary results

Handoll HHG, Madhok R, Dodds C. Anaesthesia for treating distal radial fracture in adults (Review). The Cochrane Library 2009, Issue 1