Postoperative analgesia with continuous epidural bupivacaine/sufentanil versus bupivacaine/morphine in patients undergoing major surgery.

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Hypothesis to be tested (null hypothesis): A continuous epidural infusion of bupivacaïne/sufentanil is equal to bupivacaïne/morphine in patients undergoing major surgery in terms of analgesia and side effects The aim of the study is to compare the...

Ethical reviewApproved WMOStatusRecruitment stoppedHealth condition typeOther conditionStudy typeInterventional

Summary

ID

NL-OMON33682

Source

ToetsingOnline

Brief title

bupisuf

Condition

Other condition

Synonym

analgesia

Health condition

pijnbehandeling

Research involving

Human

Sponsors and support

Primary sponsor: Universitair Medisch Centrum Utrecht

Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: Analgesia, Epidural, Opioids, Postoperative

Outcome measures

Primary outcome

-The pain scores of the patient on the Numerical Rating Scale (NRS) during the

first

72 hours after surgery.

Secondary outcome

- -Registration of side-effects: pruritus, nausea and vomiting.
- -Registration of adverse effects: respiratory depression, sedation and motor

block.

-The quality of pain relief by the patient.

Study description

Background summary

Epidural analgesia is an effective method of pain relief after major cardiothoracic, upper abdominal, urogenital and lower limb surgery. Continuous epidural analgesia can be effectuated by different medication. There is no evidence indicating the optimal medication or mixture. Frequently used mixtures are bupivacaine with morphine, sufentanil or fentanyl. In our hospital we use bupivacaïne 2,5 mg/ml with morphine 0.08 mg/ml, 4-8 ml/h. In a pilot study, we have evaluated 448 consecutive patients treated with this mixture epidurally. Twenty four hours after surgery 36% of the patients had moderate and severe

pain (VAS > 4), 12% had severe pain (VAS > 7), all measured on movement. 24.3% of the 448 patients complained of nausea, 8% of these patients actually vomited. Pruritus occurred in 29.5% of the patients. Compared to Brodner et all3 and to Tuncel et al the presented pain scores are rather high and side-effects are frequent. Therefore, the question arises whether the postoperative care can be improved by replacing morphine into sufentanil. Although many studies on postoperative pain have been performed, continuous epidural bupivacaine with morphine or sufentanil have not been compared in a large, prospective, randomised study.

Reference:

Kavanagh B, Katz J, Sandier A. Pain control after thoracic surgery. A review of current techniques. Anesthesiology 1994; 81: 737-59.

Dijk van J. Continuous epidural analgesia with bupivacaïne and morphine after major surgery in 2006: pain and side effects. Study not publiced.

Brodner G, Mertes N, Van Aken H, e.a. What concentration of sufentanil should be combined with ropivacaine 0.2% wt/vol for postoperative patient-controlled epidural analgesia? Anesthesia and Analgesia 2000; 90; 649-57.

Tuncel G, Ozalp G, Savli S, e.a. Epidural ropivacaine or sufentanil-ropivacaine infusions for post-thoracotomy pain. European Journal of Cardio-thoracic Surgery 2005; 28; 375-9.

Broekema A, Gielen M and Hennis P. Postoperative analgesia with continuous epidural sufentanil and bupivacaïne: a prospective study in 614 patients. Regional Anesthesia and Pain Management 1996; 82; 754-9.

Study objective

Hypothesis to be tested (null hypothesis): A continuous epidural infusion of bupivacaïne/sufentanil is equal to bupivacaïne/morphine in patients undergoing major surgery in terms of analgesia and side effects

The aim of the study is to compare the analgesic efficacy and side-effects of a continuous epidural infusion of bupivacaïne/sufentanil and bupivacaïne/morphine mixture in patients undergoing major surgery.

Continuous epidural analgesia can be effectuated by different medication. There is no evidence indicating the optimal medication or mixture. In our hospital we use bupivacaine/morphine, other possible mixtures are bupivacaine/sufenta or bupivacaine/fentanyl.

Theoretically bupivacaine/sufenta is probably the best choice and is the used most elsewhere.

The purpose of this study is to compare the analgesic efficacy and side-effects of a continuous epidural infusion of bupivacaïne/sufentanil or bupivacaïne/morphine mixture in patients undergoing major surgery.

Study design

This study study is a monocenter, double-blinded, randomised controlled clinical trial.

Intervention

Interventions: group BM: bupivacaïne 2.5 mg/ml + morphine 0.08 mg/ml group BS: bupivacaïne 2.5 mg/ml + sufentanil 1 ug/ml

Study burden and risks

Not different from conventional treatment.

Contacts

Public

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

All patients > - 18 years old, scheduled for major surgery and indicated for epidural catheter.

Exclusion criteria

No dutch speaking, mental disability, allergy to one of the study medications. Pregnancy.

Study design

Design

Study phase: 4

Study type: Interventional

Intervention model: Parallel

Allocation: Randomized controlled trial

Masking: Double blinded (masking used)

Control: Active

Primary purpose: Treatment

Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 03-03-2010

Enrollment: 530

Type: Actual

Medical products/devices used

Product type: Medicine

Brand name: sufenta

Generic name: sufentanil

Registration: Yes - NL intended use

Ethics review

Approved WMO

Date: 20-04-2009

Application type: First submission

Review commission: METC Universitair Medisch Centrum Utrecht (Utrecht)

Approved WMO

Date: 25-08-2009

Application type: First submission

Review commission: METC Universitair Medisch Centrum Utrecht (Utrecht)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

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

ID: 22506 Source: NTR

Title:

In other registers

Register ID

EudraCT EUCTR2007-005275-33-NL

CCMO NL19432.041.09
OMON NL-OMON22506