Anesthesia for day-case arthroscopic knee surgery in adult patients.

Gepubliceerd: 13-06-2010 Laatst bijgewerkt: 13-12-2022

To find the anesthetic technique with the highest success rate in adult patients for ambulatory arthroscopic knee surgery in day-case setting, we studied whether a sciatic-femoral nerve block is a better technique than general or spinal anesthesia.

Ethische beoordeling	Positief advies
Status	Werving nog niet gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON20922

Bron
NTR

Verkorte titel
Anesthesia, Artroscopic knee surgery, Sciatis-femoral nerve block, general anesthesia, spinal anesthesia

Aandoening

Anesthesia, Artroscopic knee surgery, Sciatis-femoral nerve block, general anesthesia, spinal anesthesia

Ondersteuning

Primaire sponsor: Catharina-Hospital Eindhoven
Overige ondersteuning: Catharina-Hospital Eindhoven

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

The primary outcome measure is time to home discharge.

Toelichting onderzoek

Achtergrond van het onderzoek

Background of the study: Day-case surgery has a high patients turnover. Different anesthetic techniques could be an obstruction for this high patients turnover, because they could take a lot of time. In this study, we are looking for the anesthetic technique which garantees the high patients turnover, and for this reason is time efficient. The anesthestic technique also has to deal with patients satisfaction and take care for good perioperative and surgical conditions. In this study, we want to find the anesthetic technique with the best patients satisfaction, best surgical and anesthesiological conditions and the technique with the highest time efficiency. We compare three anesthetic techniques. This study is a prospective, randomised and blinded trial. Patients get randomised to one of three anesthetic techniques; spinal anesthesia, general anesthesia or a sciatic-femoral nerve block. We will measure different characteristics before, during and after the procedure; like time, surgical conditions and satisfaction, patients satisfaction and anesthetic conditions. The study population will consist of healthy, adult patients in the age of 18-75 years, in ASA-class I-II, who get operated for arthroscopic knee surgery. Primary study outcome is time to home discharge of the patient. Secundary study outcomes are preparation times of the anesthetic technique, during times of operation and recovery. Patients, surgeons and anesthesists satisfaction also will be measured. Conditions of anesthetic techniques will be measured with accurate tests.

Doel van het onderzoek

To find the anesthetic technique with the highest success rate in adult patients for ambulatory arthroscopic knee surgery in day-case setting, we studied whether a sciatic-femoral nerve block is a better technique than general or spinal anesthesia.

Onderzoeksopzet

We measure the preparation time of the anesthetic technique from skin disinfection or start with preoxygenation (t=1) until the moment the patient is back in supine position or the end of induction when the LMA is in situ (t=2). Duration of the surgery is measured from skin disinfection (t=3) until bandaging (t=4). Recovery times are measured from arrival at the PACU (t=5) until discharge from the hospital (t=6). The total time the patient spends at the operation complex is measured from arrival at the holding area (t=0) until home discharge (t=6).

Onderzoeksproduct en/of interventie

The patients will get randomized to receive one of the three anesthetic techniques by computer randomization:

1. Spinal anesthesia;

2. A sciatic-femoral nerve block;

3. General anesthesia.

Contactpersonen

Publiek

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. ASA physical status I – II;

2. Aged 18 – 75 years;

3. Scheduled to have elective ambulatory arthroscopic knee surgery.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Contraindications to regional anesthesia (e.g., allergy, bleeding disorders, localized infection and neurologic disease);

2. Respiratory or cardiac disease;

3. Morbid obesity (body mass index > 35 kg/m2);

4. Diabetes or peripheral neuropathy;

5. Receiving chronic analgesic therapy.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Enkelblind
Controle:	Geneesmiddel

Deelname

Nederland

Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-07-2010
Aantal proefpersonen:	300
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies

Datum:	13-06-2010
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL2244
NTR-old	NTR2370
Ander register	METC Catharina-ziekenhuis : M10-1035
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Resultaten

Samenvatting resultaten
N/A