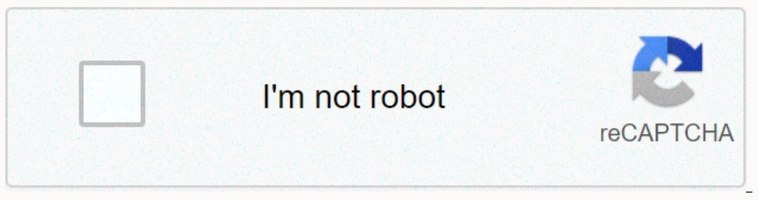

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Superficial cervical plexus block for clavicle fracture

Skip Nav Destination Dillane D, Ozelsel T, Gadbois K (2014) Anesthesia of clavicular fracture and surgery. Reg Anesth Pain Med 39(3):256Artiga Google Scholar Kihlstrom C, Moller M, Lonn K, Wolf O (2017) Collarbone fractures: epidemiology, classification and treatment of 2422 fractures in the Swedish fracture registry; observational study. BMC Musculoskeletal Block 18(1):82Art Google Scholar Reverdy F (2015) Combined interscalene-superficial cervical plexus block collarbone surgery: a simple technique to prevent general anesthesia. BJA 115 (Annex to e-mails). H (2014) Ultrasound guided selective cervical nerve root block and superficial cervical plexus block for collarbone surgery. India J Anaesth 58(3):327Ear Google Scholar Tran DQ, Tiyaprasertkul W, Gonzalez AP (2013) Analgesia for clavicular fracture and surgery: appeal for evidence. Reg Anesth Pain Med 38(6):539Artite Google Scholar m Vandepitte C, Latmore M, O'Murchu E, Hadzic A, Van de Velde M, Nijs S (2014) Combined interscalene-superficial cervical plexus blocks surgical repair of a clap fracture of a 15-week pregnant woman. Int J Obstet Anesth 23(2):194CAS Article Google Scholar Page 2Age44 ± 14Weight (kg)77 ± 11Height (cm)170 ± 8Sex (M/F)13/3ASA Class (I/II/III)9/5/2 Duration of operation (min)80 ± 28 Duration of anesthesia (min)116 ± 27Murd local (lateral/central shaft/media)6/8/2 Restore of engine blocking time (min)213 ± 60Analysis need for first time (min) (VAS > 4)259 ± 99Continue general anaesthesia1 (6.25%)Additional sedoanalgesia4 (25%)Undesirable effects Nausea4 Vomiting1 Pruritus3Data expressed with mean standard deviation ± or number (%) 1.Herring AA, Stone MB, Frenkel O, Chipman A, Nagdev AD. Ultrasonically controlled superficial cervical plexus block anesthesia and analgesia for emergency relief settings. 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Stat Sci. 2010;25:1–21.Artikkel Google Scholar Lehekülg 2 Juhtgrupp(n = 76)US-ISB grupp(n = 50)p väärtusSugu (mees / naine)82% / 18%84% / 16%0.73Age (aastad)35 (32–38)36 (32–41)0.66Kõrgus (cm)177 (177 (17 5–179)177 (174–180)0.94Kaal (kg)74 (71–76)75 (71–78)0,67Keha kehamassiindeks (kg.m− 2)23,4 (22,7–24,1)23,6 (22,8–24,4)0,67ASA (I / II)23,4 (22,7–24,1)23,6 (22,8–24,4)0,67ASA (I / II))23,4 (22,7–24,1)23,6 (22,8–24,4)0,67ASA (I / II))23,4 (22,7–24,1)23,6 (22,8–24,4)0,67ASA (I / II))23,4 (22,7–24,1)23,6 (22,8–24,4)0,67ASA (I / II))23,4 (22,7–24,1)23,6 (22,8–24,4)0,67ASA (I / II))23,4 (22,7–24,1)23,6 (22,8–24,4)53% / 47%50% / 50%0.77Luuk asukoht (keskmine / distaalne)78% / 22%72% / 28%0.47Propofooli koguannus induktsiooni ajal (mg)249 (231–267)265 (242–287)0.29Operatsiooni kestus (minutites)96 (89–104)101 (94–108)0.35ASA American Society of Anaesthesiologists Uuringu eesmärk on teha kindlaks , whether added to the superficial cervical plexus block traditional scale block provides good perioperative analgesia interscale brachial plexus block alone to repair clavicle fractures and non-/ malunions. Condition or Disease Intervention/Treatment Phase Pain, Postoperative Satisfaction Drug: Ropivacaine Drug: Normal Saline Phase 3 If patients who are potential participants in a study present for surgery are offered the opportunity to participate Knowledgeer Process. If they agree to participate, they will be randomized to receive either interscalene + sham superficial cervical plexus block or interscalene + superficial cervical plexus block. Randomization has already been predefined, based on envelopes created by a research assistant. Envelopes require the proper paperwork needed to give the participant's consent with a label marked with either interscalene + pretend superficial cervical plexus block or interscalene + superficial cervical plexus block. This determines the randomization of each participant (it is not known to all study staff until it is labeled). Their pain scores are assessed before surgery both post-operative .. Once they are admitted to the hospital, PI and/or co-investigators will evaluate their pain scores every day and follow up on a phone call to assess their satisfaction with the block. The numerical pain cream (on a scale of 0 to 10) is used to assess postoperative pain with 0, indicating pain and 10 indicating severe pain. Post-operative pain is assessed by drawing painful scores from 2 different sources: numerical sore choirs recorded by nursing staff (part of EMR vital indicators) and also painful scores (success notes) identified by the population during the rounds. For each pain score, we record the date and time it was obtained. When they are discharged on the same day as surgery, they receive a phone call within 48 hours to assess their pain scale and satisfaction. We also assess the nausea and vomiting, amount and types of painkillers they take, and assess whether they could tell if their block was worn out. Arm Intervention/Treatment Sham Comparator: Interscalene block plus sham Patients in this group receive a traditional interscalene block and pretend superficial plexus block ropivacaine and 5-10cc normal saline solution. N = 20 Medicinal product: Ropivacaine 0.5% Roropivacisin is used in patients in both groups. Ropivacaine is a very common investigator practice of regional aness. The investigator has a history of minimal adverse reactions when the recommended volume of our study was 0.5% Ropivacaine. Drug: Normal saline 5-10cc Normal Saline solution is given to patients who receive a traditional interscalene block and fake superficial plexus block. Other name: sodium chloride 0.9% Active Comparator: Interscalene plus superficial plexus block Patients in this group receive a traditional interscalene block and superficial plexus block ropivacaine . N = 20 Medicinal product: Ropivacaine 0.5% Roropivacisin is used in patients in both groups. Ropivacaine is a very common investigator practice of regional aness. The investigator has a history of minimal adverse reactions when the recommended volume of our study was 0.5% Ropivacaine. Primary endpoints : Pain [Schedule: baseline up to 48 hours post-operative] Mean pain score from baseline to 48 hours post-operative secondary endpoints : Patient satisfaction [time limit: 48 hours post-operative]Patient satisfaction score 48 hours post-operative inclusion criteria: patients who occur in patients with isolated collarbone fractures and non-malunions, which agree with regional anesesthesia and be part of the study. Exclusion criteria: polytraumatic patients with multiple interfering injuries, patients who have not applied to either block at the discretion of anesthesia, participation, patient refusal to participate in the study, refusal of a patient to a regional technique, patients with significant lung disease who cannot tolerate possible semi-diaphragm paralysis at the discretion of the anesthesiologist. Layout table location information for the United States, Alabama UAB Department of Anesthesiology and Perioperative Medicine birmingham, Alabama, United States, 35249 University of Alabama at Birmingham Layout table investigator information Principal investigator: Christopher A Godlewski, MD University of Alabama at Birmingham, Christopher Godlewski, University of Alabama Birmingham: Additional Relevant MeSH Conditions: Layout Table MeSH Conditions Pain, Postoperative Complications Pathological Processes Pain Neurological Manifestations Ropivacaine Anesthetics, Local Anesthetics Central Nervous System Depressants Physiological Effects Drug Sensory Agents Peripheral Nervous System Agents