

08031RM-T

Final Report

Comparison of the effect of transversus abdominis plane block or conventional analgesia on pain scores, patient satisfaction and incidence of chronic pelvic pain after total abdominal hysterectomy.

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The above study was commenced after approval by the Belfast Health & Social Care Trust R&D Committee, the Northern Ireland Research Ethics Committee and the Medicines and Healthcare Products Regulatory Committee.

30 patients out of a planned 40 were recruited to this double blind, randomised controlled trial, with 29 in total completing the study. A decision was made to stop the trial early due to a slower rate of recruitment than originally hoped for in the planned time frame. This was primarily due to a change in surgical practice during the study period in which hysterectomy for benign disease is now more likely to be performed using a laparoscopic assisted or vaginal approach rather than a more traditional abdominal route.

Patients were randomised to receive either transversus abdominis plane block with a traditional PCA Morphine based analgesia regime or the analgesia regime alone after total abdominal hysterectomy. The effect of the nerve block on both acute and chronic postoperative pain and patient satisfaction was assessed.

The use of transversus abdominis plane blockade did not demonstrate a significant improvement in pain scores when compared to a conventional analgesia regime and there was no difference in the incidence of chronic postsurgical pain between the two groups at 3 months after the procedure. This information is in keeping with other recent studies which have also demonstrated that the use of this block in abdominal surgery may not be as promising as initial studies showed and that its use may be of benefit only as part of a multimodal analgesia regime.

Patient satisfaction with the use of regional anaesthesia was high in both groups of patients with a low incidence of side effects.

There were no incidences of serious adverse events or SUSARs during the study period in any of the 30 patients recruited. This study has undergone regular auditing by the Clinical Research Support Centre (Belfast Health & Social Care Trust).

The results from this study have been included as part of a thesis towards the degree of Doctor of Medicine and submitted to Queens University Belfast. It is planned to publish this data at a later date in a peer-reviewed journal. The effect of the reduced numbers of patient recruitment on the power of the study has been taken into consideration.

The data collected from this study will be archived in a secure location in the Department of Anaesthetics, Belfast Health & Social Care Trust.

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