Document type: Study protocol

Study title: Single Shot Lumbar Erector Spinae Plane (ESP) Block in Total Hip Replacement (THR)

NCT number: NCT04388553

Document date: 22 Dec 2021
**ESPB RCT in THR**

**Notes to anaesthetist**

This patient has been recruited to the captioned RCT. It will be appreciated if the items below are checked and followed:

**Sign In:**
Verify with the patient for the option of RA (especially ESPB) if GA is recommended. Ensure the patient understands the RA risks.

**Intraoperative:**

GA technique:
- sevoflurane/desflurane + nitrous oxide
- Fentanyl regime: a 4-2-1 rule (mcg/kg/hr; CBW) – boluses or infusion
- No other IV analgesics eg Ketamine/Magnesium/Ketorolac/IV panadol

Open the envelope attached to the pre-anaesthetic assessment sheet

**A. TREATMENT ARM**

**IPSILATERAL L1 ESPB BLOCK** by the designated anaesthetists (Dr Anyon Chan/Dr Arthur So/Dr Penelope Sham/Dr Tony Ng)
(40ml 0.25% levobupivacaine, or 2mg/kg TBW levobupivacaine diluted with NS/D5 to a 40ml LA mixture)

Cover the injection site with adhesive bandage

**B. CONTROL ARM**

No regional block is performed but an adhesive bandage is still applied to the ipsilateral paraspinal area at the thoracolumbar level.

For all patient enrolled in the study:
- ROUTINE IV Ondansetron 4mg at the end of operation unless contraindicated
- NO LA infiltrations by surgeons
- Please enter narrative note “Patient recruited into ESPB study” and document details of the regional block in ACIS

**Postoperative analgesia**
Prescribe IV fentanyl PCA according to the Departmental recommendations. No background infusion is prescribed.
Input “patient recruited into ESP study” in the remark space of APS prescription sheet.

Continue all regular preoperative analgesics (including paracetamol/NSAID/gabapentinoid/tramadol) if not contraindicated.
Prn po/IM tramadol, prn naloxone and prn metoclopramide as usual.

*** Should there will be any concern and query, please do not hesitate to contact Dr Anyon Chan (1st)/Dr Tony Ng (2nd)***

Thank you for your help!
This patient has been recruited to the captioned RCT. It will be appreciated if the items below are checked and followed for the first 2 days:

1. Please do not read the intra-operative anaesthetic record unless absolute clinical indication arises (to achieve blinding).

2. Please keep PCA at least two days post-operatively.

3. Please do not add fentanyl infusion to the PCA.

4. Please do not add extra analgesics other than the pre-operative ones.

5. Please document the following information both in APS system and progress sheet:
   - Pain score in NRS both rest and upon movement
   - Presence of nausea or vomiting
   - Power of knee flexion of the operative limb in MRC scale (to be assessed by pain duty doctor)

(Note: 0 - no contraction, 1 - flickering movement, 2 - active movement with gravity eliminated, 3 - active movement against gravity, 4 - active movement against gravity and resistance, 5 - full power)