

Clinical Trial Protocol

Iranian Registry of Clinical Trials

10 Jun 2026

Comparison analgesia of erector spinae plane block under ultrasound guidance and the combination of subfascial and subcutaneous ropivacaine blocks in open kidney donor nephrectomy surgery

Protocol summary

Study aim

Comparing different postoperative analgesia methods after elective open donor nephrectomy

Design

A clinical trial with 3 groups, with parallel groups, double-blinded, randomized, phase 3 on 105 patients.

Settings and conduct

After the approval of the ethics committee and obtaining the consent of the patients, 105 candidates for open nephrectomy for kidney donation at Modarres Hospital who meet the entry criteria will be included in the study. Patients are assigned to one of the three groups by simple randomization.

Participants/Inclusion and exclusion criteria

Inclusion criteria: Patients aged 18 to 70 years who are volunteer kidney donors and candidates for elective open nephrectomy and are in physical status I or II according to the American Society of Anesthesiologists (ASA) classification. Exclusion criteria: Use of anticoagulants, presence of blood or coagulation disorders, history of sensitivity to local anesthetics, or patient refusal to participate in the study.

Intervention groups

At the end of surgery and prior to anesthesia reversal, patients will be randomized into three groups: Group 1 (ESPB): Under ultrasound guidance, an erector spinae plane block (ESPB) will be performed by the anesthesiologist in the flank position, using 20 mL of 0.25% ropivacaine. Group 2 (Surgeon-Administered): Before fascial closure, the surgeon (the same individual for all patients) will administer 10 mL of 0.25% ropivacaine subfascially and 10 mL of 0.25% ropivacaine subcutaneously at the incision site. Group 3 (Control): Patients will receive morphine 0.1 mg/kg for analgesia, without any nerve block.

Main outcome variables

The first time requiring analgesic; pain intensity; number

of times requiring injectable analgesic; amount of opioid consumption

General information

Reason for update

Acronym

IRCT registration information

IRCT registration number: **IRCT20230204057318N9**

Registration date: **2025-07-19, 1404/04/28**

Registration timing: **registered_while_recruiting**

Last update: **2025-07-19, 1404/04/28**

Update count: **0**

Registration date

2025-07-19, 1404/04/28

Registrant information

Name

Alireza Shakeri

Name of organization / entity

Country

Iran (Islamic Republic of)

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Recruitment status

Recruitment complete

Funding source

Expected recruitment start date

2025-07-19, 1404/04/28

Expected recruitment end date

2025-10-20, 1404/07/28

Actual recruitment start date

empty

Actual recruitment end date

empty

Trial completion date
empty

Scientific title
Comparison analgesia of erector spinae plane block under ultrasound guidance and the combination of subfascial and subcutaneous ropivacaine blocks in open kidney donor nephrectomy surgery

Public title
Comparison of erector spinae and the subfascial-subcutaneous blocks

Purpose
Treatment

Inclusion/Exclusion criteria
Inclusion criteria:
Elective open nephrectomy for kidney donor American Society of Anesthesiologists (ASA) physical status classification of I or II
Exclusion criteria:
Anticoagulant agent use Blood abnormality or coagulation disorders Allergy history to local anesthetics Patient refusal

Age
From **18 years** old to **70 years** old

Gender
Both

Phase
3

Groups that have been masked

- Participant
- Investigator
- Outcome assessor
- Data analyser

Sample size
Target sample size: **105**

Randomization (investigator's opinion)
Randomized

Randomization description
For randomization, a simple randomization method will be used using Random Generator software. First, a set of random numbers will be generated, then eligible patients will receive a random number before anesthesia. Based on the assigned number, patients will be assigned to one of three study groups (numbers 1 to 35 were assigned to Group 1, numbers 36 to 70 to Group 2, and numbers 71 to 105 to Group 3).

Blinding (investigator's opinion)
Double blinded

Blinding description
Participant information will be recorded and utilized exclusively using a numerical code to ensure that both their identity and the type of intervention remain unknown. Throughout all stages of data collection, outcome assessment, and statistical analysis, the research team members will only be exposed to these codes and will have no knowledge of the intervention type. (Allocation Concealment) Participants will be unaware of which treatment group they are in. Nevertheless, all treatment methods in the study will be

explained to each participant at the beginning when obtaining consent, and the apparent procedures will be identical for all groups, as patients will be under anesthesia during the procedure and the blocks do not create any visual difference for observation. (Blinding) The clinical caregiver (surgeon and anesthesiologist) will only be aware of the type of intervention for the duration of its performance and will have no role in data collection or results analysis after the intervention. The individual responsible for data collection and outcome assessment will only have access to each person's random code and will be unaware of the group allocation and the type of intervention participants received. The statistical analyst will conduct the data analysis with the coded data, without knowledge of the intervention type, to ensure the blinding process is maintained throughout the study.

Placebo
Not used

Assignment
Parallel

Other design features

Secondary Ids

empty

Ethics committees

1

Ethics committee

Name of ethics committee

Research Ethics Committees of School of Medicine - Shahid Beheshti University of Medical Sciences

Street address

Yaman st., Shahid Chamran Hwy.

City

Tehran

Province

Tehran

Postal code

1985717443

Approval date

2024-10-08, 1403/07/17

Ethics committee reference number

IR.SBMU.MSP.REC.1403.421

Health conditions studied

1

Description of health condition studied

Pain control after open nephrectomy in donors

ICD-10 code

G89.18

ICD-10 code description

Other acute postprocedural pain

Primary outcomes

1

Description

First time to analgesic demand

Timepoint

First timepoint for requesting analgesic

Method of measurement

Minutes based on a stopwatch

Secondary outcomes

1

Description

Total postoperative opioid consumption

Timepoint

Once after 24 hours after surgery

Method of measurement

The amount of opioid consumed by patients in the first 24 hours after surgery in milligrams (mg) and reported based on (Morphine Equivalent Dose - MED) from hospital medical records and data recorded in the PCA (Patient-Controlled Analgesia) pump.

2

Description

Postoperative pain

Timepoint

The measurement will be taken postoperatively in the recovery room, and at 6, 12, and 24 hours after surgery.

Method of measurement

Visual analog scale

3

Description

Number of times the patient requested analgesic medication

Timepoint

During the first 24 hours after surgery

Method of measurement

The number of times patients requested analgesic medication during the first 24 hours after surgery will be obtained from medical records.

Intervention groups

1

Description

Intervention Group 1: Erector Spinae (ESPB) Group. After confirming landmarks and the correct injection site (T7-T9 vertebral levels, erector spinae muscle, transverse process), an ultrasound-guided in-plane technique will be performed using a 22G needle. The needle tip will be positioned on the transverse process of the vertebra. A local anesthetic (20 mL of 0.25% ropivacaine) will be injected.

Category

Treatment - Surgery

2

Description

Intervention Group 2: Surgeon-Administered Injection. At the end of the surgery, before closing the fascia, the surgeon (the same individual for all patients) will inject 10 milliliters of 0.25% ropivacaine subfascially and 10 milliliters of 0.25% ropivacaine subcutaneously at the incision site.

Category

Treatment - Surgery

3

Description

In the control group, patients will receive only morphine at a dose of 0.1 mg/kg for pain relief without receiving any nerve block.

Category

Treatment - Surgery

Recruitment centers

1

Recruitment center

Name of recruitment center

Modarres Hospital

Full name of responsible person

Maede Karimian

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Modarres Hospital, Saadat Abad intersection, Yadgar Imam highway

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Sponsors / Funding sources

1

Sponsor

Name of organization / entity

Shahid Beheshti University of Medical Sciences

Full name of responsible person

Afshin Zarghi

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Shahid Beheshti University of Medical Sciences, Next to Taleghani Hospital, Yemen Street, Shahid Chamran Highway, Tehran, Iran

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Grant name**Grant code / Reference number****Is the source of funding the same sponsor organization/entity?**

Yes

Title of funding source

Shahid Beheshti University of Medical Sciences

Proportion provided by this source

100

Public or private sector

Public

Domestic or foreign origin

Domestic

Category of foreign source of funding*empty***Country of origin****Type of organization providing the funding**

Academic

Person responsible for general inquiries**Contact****Name of organization / entity**

Shahid Beheshti University of Medical Sciences

Full name of responsible person

Alireza Shakeri

Position

Assistant professor

Latest degree

Specialist

Other areas of specialty/work

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Sharing plan**Deidentified Individual Participant Data Set (IPD)**

Undecided - It is not yet known if there will be a plan to make this available

Study Protocol

Undecided - It is not yet known if there will be a plan to make this available

Statistical Analysis Plan

Undecided - It is not yet known if there will be a plan to make this available

Informed Consent Form

Undecided - It is not yet known if there will be a plan to make this available

Clinical Study Report

Undecided - It is not yet known if there will be a plan to

make this available

Analytic Code

Undecided - It is not yet known if there will be a plan to make this available

Data Dictionary

Undecided - It is not yet known if there will be a plan to make this available