

# Clinical Trial Protocol

## Iranian Registry of Clinical Trials

09 Jun 2026

### Comparison of Sprotte and Quincke spinal needles on the frequency of spinal anesthesia failure in patients undergoing cesarean delivery

#### Protocol summary

##### Study aim

The aim of this study is the comparison of Sprotte and Quincke spinal needles on the frequency of spinal anesthesia failure in patients undergoing cesarean delivery.

##### Design

Clinical trial with community-based and pragmatic control group, with parallel groups, double blind, randomized.

##### Settings and conduct

In this prospective and randomized study ,100 healthy pregnant women between ages of 18to40 and singleton pregnancy undergoing elective cesarean delivery receive spinal anesthesia using non-cutting Sprotte (study group; n=50) or cutting Quincke (control group; n=50) needles during 6 months in the Al-Zahra Hospital. The frequency of "overall" and "partial" failure of spinal block and and post operated side effects related to spinal anesthesia are recorded. anesthesiologist is responsible for anesthesia management, patient monitoring, and preparation of study solutions.And the thesis student who is blinded to the study group is responsible for collecting information and data of patients.

##### Participants/Inclusion and exclusion criteria

Inclusion criteria : Candidate for elective cesarean delivery, Aged 18-40 years, ASA Class I&II, Term and singleton pregnancy, Exclusion criteria : Contraindication to spinal anesthesia, Allergy to local anesthetics, History of psychiatric disease, History of systemic diseases (cardiovascular, hepatic, pulmonary, ...), Spinal cord stenosis and lumbar discopathy,

##### Intervention groups

Intervention group: The patients of study group (n=50) using of Sprotte spinal needle G25( manufacturer: B brown) undergoing spinal anesthesia and the patients of control group (n=50) using of Quincke spinal needle G25 ( manufacturer: B brown)undergoing spinal anesthesia.

##### Main outcome variables

Frequency of "overall" and "partial" failure of spinal

block and postoperative side effects related to spinal anesthesia.

#### General information

##### Reason for update

##### Acronym

##### IRCT registration information

IRCT registration number: **IRCT20110712007013N25**

Registration date: **2019-12-21, 1398/09/30**

Registration timing: **retrospective**

Last update: **2019-12-21, 1398/09/30**

Update count: **0**

##### Registration date

2019-12-21, 1398/09/30

##### Registrant information

##### Name

Simin Atashkhoei

##### Name of organization / entity

Tabriz University of Medical Sciences

##### Country

Iran (Islamic Republic of)

##### Phone

+98 41 3333 3806

##### Email address

atashkhoei@tbzmed.ac.ir

##### Recruitment status

**Recruitment complete**

##### Funding source

##### Expected recruitment start date

2019-07-01, 1398/04/10

##### Expected recruitment end date

2019-12-01, 1398/09/10

##### Actual recruitment start date

empty

##### Actual recruitment end date

empty

**Trial completion date**  
empty

**Scientific title**  
Comparison of Sprotte and Quincke spinal needles on the frequency of spinal anesthesia failure in patients undergoing cesarean delivery

**Public title**  
Comparison of Sprotte and Quincke spinal needles on the frequency of spinal anesthesia failure

**Purpose**  
Treatment

**Inclusion/Exclusion criteria**  
**Inclusion criteria:**  
Candidate for elective cesarean delivery Candidate for spinal anesthesia Aged 18-40 years ASA Class I&II Term and singleton pregnancy  
**Exclusion criteria:**  
Weight over 100 kg and height less than 150 cm Allergy to local anesthetics History of psychiatric disease History of systemic diseases (cardiovascular, hepatic, pulmonary, ...) Spinal cord stenosis and lumbar discopathy

**Age**  
From **18 years** old to **40 years** old

**Gender**  
Female

**Phase**  
N/A

**Groups that have been masked**

- Participant
- Investigator
- Outcome assessor
- Data analyser

**Sample size**  
Target sample size: **100**

**Randomization (investigator's opinion)**  
Randomized

**Randomization description**  
Patients wishing to participate in the study who meet the inclusion criteria will be selected as convenient sampling and then randomly assigned to two control and intervention groups using Randlist software.

**Blinding (investigator's opinion)**  
Double blinded

**Blinding description**  
In present study, patients, investigator, care provider, outcome assessor and data analyzer are blinded to participants study groups. The study team includes an anesthesiologists, who is responsible for data collection and outcome assessing, who is not in charge of anesthesia management, thus is not aware of interventions and study group. In addition, all study groups and subsequent interventions will be introduced to the patients and it will be mentioned in the written consent that patients will be blinded to the study groups and interventions .Patients are allocated into study and control groups, according to a two blocked randomization list that is prepared using online software at a 1:1 ratio.

The list is coded (A or B) that is preprinted in sealed-envelope packets. Except for one of anesthetists, all of researchers are blinded to the type of spinal needle for every patient during the study

**Placebo**  
Not used

**Assignment**  
Parallel

**Other design features**

**Secondary Ids**  
empty

**Ethics committees**

**1**

**Ethics committee**  
**Name of ethics committee**  
Ethics Committee of Tabriz University of Medical Sciences  
**Street address**  
Vice chancellor for research, Golgasht Street  
**City**  
Tabriz  
**Province**  
East Azarbaijan  
**Postal code**  
5183915881

**Approval date**  
2019-07-01, 1398/04/10

**Ethics committee reference number**  
IR.TBZMED.REC.1398.390

**Health conditions studied**

**1**

**Description of health condition studied**  
Frequency of spinal anesthesia failure

**ICD-10 code**  
O74.6

**ICD-10 code description**  
Other complications of spinal and epidural anesthesia during labor and delivery

**Primary outcomes**

**1**

**Description**  
Frequency of "overall failure" of spinal block

**Timepoint**  
At the beginning of the intervention and in 5th,10th and 15th minutes after the intervention

**Method of measurement**  
Cold sensation

**2**

**Description**

Frequency of partial failure“ of spinal block

#### **Timepoint**

At the beginning of the intervention and in 5th,10th and 15th minutes after the intervention

#### **Method of measurement**

Cold sensation

## **Secondary outcomes**

### 1

#### **Description**

postoperative side effects related to spinal anesthesia.

#### **Timepoint**

Post anesthesia care unite, and during 24 hours postoperatively

#### **Method of measurement**

Observational

## **Intervention groups**

### 1

#### **Description**

Intervention group: The patients of study group (n=50) using of Sprotte( manufacturer: B brown) spinal needle G25 undergoing spinal anesthesia.

#### **Category**

Treatment - Devices

### 2

#### **Description**

Control group: The patients of control group (n=50) using of Quincke ( manufacturer: B brown)spinal needle G25 undergoing spinal anesthesia.

#### **Category**

Treatment - Devices

## **Recruitment centers**

### 1

#### **Recruitment center**

##### **Name of recruitment center**

Al-Zahra Hospital

##### **Full name of responsible person**

Dr. Simin Atashkhoyi

##### **Street address**

Al-Zahra Hospital , South Artesh Street, Tabriz

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satashkhoyi@gmail.com

## **Sponsors / Funding sources**

### 1

#### **Sponsor**

##### **Name of organization / entity**

Tabriz University of Medical Sciences

##### **Full name of responsible person**

Dr Abolghasem Jouyban

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Research and innovation deputy, third floor, No 2 Central Building, Tabriz University of Medical Sciences, Golgasht Street, Tabriz

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##### **Email**

research-vice@tbzmed.ac.ir

#### **Grant name**

#### **Grant code / Reference number**

#### **Is the source of funding the same sponsor organization/entity?**

Yes

#### **Title of funding source**

Tabriz 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**

Tabriz University of Medical Sciences

##### **Full name of responsible person**

Dr. Simin Atashkhoyi

##### **Position**

Anesthesiologist/Professor

##### **Latest degree**

Specialist

##### **Other areas of specialty/work**

Anesthesiology

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## Person responsible for scientific inquiries

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## Person responsible for updating data

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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

Yes - There is a plan to make this available

### Statistical Analysis Plan

Yes - There is a plan to make this available

### Informed Consent Form

Yes - There is a plan to make this available

### Clinical Study Report

Yes - There is a plan to make this available

### Analytic Code

Yes - There is a plan to make this available

### Data Dictionary

Yes - There is a plan to make this available

### Title and more details about the data/document

A portion of the data that represents the final outcome

### When the data will become available and for how long

starting 6 months after publication

### To whom data/document is available

All Physicians and residents of the department of Anesthesia

### Under which criteria data/document could be used

There will be no specific limitations to the utilization of the data.

### From where data/document is obtainable

Dr .Simin Atashkhoei Al-Zahra Hospital South Artesh Street, Al-Zahra Hospital, Tabriz East Azarbaijan Islamic Republic of Iran Phone+98 41 1553 9161 Fax+98 41 1556 6449 siminatashkhoeii@yahoo.com

### What processes are involved for a request to access data/document

Be approved by the Research Vice-President at first

### Comments