

# Clinical Trial Protocol

## Iranian Registry of Clinical Trials

11 Sep 2026

### Ketamine versus Tramadol as an adjuvant to Bupivacaine in Spinal anesthesia

#### Protocol summary

##### Study aim

The aim of this study is to compare the effects of ketamine and tramadol on the onset, and duration of sensory and motor block, hemodynamic effects, and their adverse effects when used intrathecal as adjuvants to hyperbaric 0.5% bupivacaine for spinal anesthesia.

##### Design

Randomized controlled trail

##### Settings and conduct

Sensory block observed by pinprick, while the motor block observed by modified bromage score (0:no loss, 1: unable to flex the hip, 2: unable to flex the knee, 3: unable to flex the ankle) Four-point scale used to assess the sedation every 10 min (1: awake,2: drowsy and response to verbal command,3: response to physical stimulation, 4: unresponsive to verbal command and physical stimulation).

##### Participants/Inclusion and exclusion criteria

Inclusion: ages of 16- 45 years ASA class 1 and 2 selective unilateral open ovarian cystectomy. exclusion: spine deformity bleeding tendency mental disturbance neurological diseases history of scorpion bite ASA 3 or more

##### Intervention groups

Grouo1 is the control group receiving 2 ml of hyperbaric Marcaine 0.5% mixed with 1ml of normal saline. Group 2receiving 2 ml of hyperbaric Marcaine 0.5% mixed with ketamine (25 mg), and Group 3 receiving 2 ml of hyperbaric Marcaine 0.5% mixed with tramadol (25 mg). In all three groups the volume completed to 3 ml with normal saline.

##### Main outcome variables

onset of sensory block (min) duration of sensory block (min) onset of motor block (min) duration of motor block (min) Duration of spinal analgesia (min) Nausia Vomiting Headache Pruritus Shivering Sedation

#### General information

##### Reason for update

##### Acronym

##### IRCT registration information

IRCT registration number: **IRCT20230813059138N1**

Registration date: **2023-08-23, 1402/06/01**

Registration timing: **prospective**

Last update: **2023-08-23, 1402/06/01**

Update count: **0**

##### Registration date

2023-08-23, 1402/06/01

##### Registrant information

##### Name

Ammar Al-Nussairi

##### Name of organization / entity

Sousse university, Ibn Aljazzar college of medicine

##### Country

Iraq

##### Phone

+964 770 578 7925

##### Email address

ammar.hoom88@gmail.com

##### Recruitment status

##### Recruitment complete

##### Funding source

##### Expected recruitment start date

2023-08-26, 1402/06/04

##### Expected recruitment end date

2024-02-15, 1402/11/26

##### Actual recruitment start date

2023-08-26, 1402/06/04

##### Actual recruitment end date

2024-03-15, 1402/12/25

##### Trial completion date

2024-05-01, 1403/02/12

**Scientific title**

Ketamine versus Tramadol as an adjuvant to Bupivacaine in Spinal anesthesia

**Public title**

Spinal anesthesia additives

**Purpose**

Treatment

**Inclusion/Exclusion criteria****Inclusion criteria:**

Female Age between (16-45 years) ASA class 1 or 2 elective open unilateral ovarian cystectomy

**Exclusion criteria:**

spine deformity bleeding tendency neurological diseases history of scorpion bite patient disapproval

**Age**

From **16 years** old to **45 years** old

**Gender**

Female

**Phase**

3

**Groups that have been masked**

- Participant
- Investigator
- Outcome assessor

**Sample size**

Target sample size: **120**

Actual sample size reached: **120**

**Randomization (investigator's opinion)**

Randomized

**Randomization description**

Simple, individual randomization will be occur by a person who is not considered as a participant in this clinical trial by using special sample randomization software by Microsoft Excel, randomization will occur on a 1:1:1 ratio of bupivacaine to bupivacaine plus ketamine to bupivacaine plus tramadol. the person will give a random sequence to the solutions of study , and this preparation will send to a second person who does not know the exact solution. All bupivacaine , bupivacaine plus ketamine, and bupivacaine plus tramadol solutions are unknown and will be keep in a box. The participants and the researcher will not be able to distinguish the type of solution that will administer to the patient. Directly after administering the solution the observer will records all required variables data, Although he also do not know the exact administered solution. At the full end of each single patient data collection, the person who previously had gave a random sequence will open the codes to records the real administered solution on patient's special form of data.

**Blinding (investigator's opinion)**

Double blinded

**Blinding description**

explain the plan for colleagues previously. when the patient came he took an ID which is previously allocated randomly in groups by using Microsoft excel. the study solution was prepared by an anesthetist who did not involved in data collection. the observation and collecting of data done by other anesthetist.

**Placebo**

Not used

**Assignment**

Parallel

**Other design features****Secondary Ids**

empty

**Ethics committees****1****Ethics committee****Name of ethics committee**

Ethics committee of research's in Diyala health directorate- Iraqi ministry of health

**Street address**

7 Nissan Ave., main Ave., Baquba city., Diyala governorate., Repoblic of Iraq

**City**

Baquba

**Postal code**

32000

**Approval date**

2022-07-04, 1401/04/13

**Ethics committee reference number**

The form number 2021/3- Documented number 75

**Health conditions studied****1****Description of health condition studied**

additives in spinal anesthesia

**ICD-10 code**

N83.20

**ICD-10 code description**

Ovarian cyst, unilateral. unspecified

**Primary outcomes****1****Description**

Primary outcome were the onset and duration of both sensory and motor block, and the duration of spinal analgesia

**Timepoint**

3 days after intervention

**Method of measurement**

sensory block by pinprick, while the motor block observed by modified bromage score

**Secondary outcomes****1****Description**

The secondary outcome were, nausea, vomiting, sedation, shivering, heart rate, mean arterial pressure

**Timepoint**

directly after intervention till 3 days after intervention

**Method of measurement**

inspection (visually) observation

**Intervention groups****1****Description**

Control group: receiving 2ml of hyperbaric bupivacaine 0.5%. After Fasting period of 6 hours, patient received intravenous preload of 10 ml/kg of either N/S or ringer solution. No premedication where given because the effects of these drugs may intervene with some of result that observed such as sedation or nausea and/or vomiting and other variables. patient in sitting position acupuncture given with midline technique under aseptic environment at the level of L3/L4, orifice oriented cephalad needle G25 was used. The study solution injected at the same adequate speed for all the patient then convert the patient to supine position. The volume of study's liquid increased to 3 ml by normal saline for all control and intervention groups.

**Category**

Treatment - Drugs

**2****Description**

Intervention group 1: receiving 2ml of hyperbaric bupivacaine 0.5% plus ketamine (25 mg). After Fasting period of 6 hours, patient received intravenous preload of 10 ml/kg of either N/S or ringer solution. No premedication where given because the effects of these drugs may intervene with some of result that observed such as sedation or nausea and/or vomiting and other variables. patient in sitting position acupuncture given with midline technique under aseptic environment at the level of L3/L4, orifice oriented cephalad needle G25 was used. The study solution injected at the same adequate speed for all the patient then convert the patient to supine position. The volume of study's liquid increased to 3 ml by normal saline for all control and intervention groups.

**Category**

Treatment - Drugs

**3****Description**

Intervention group 2: receiving 2ml of hyperbaric bupivacaine 0.5% plus tramadol (25 m). After Fasting period of 6 hours, patient received intravenous preload of 10 ml/kg of either N/S or ringer solution. No premedication where given because the effects of these drugs may intervene with some of result that observed such as sedation or nausea and/or vomiting and other variables. patient in sitting position acupuncture given with midline technique under aseptic environment at the level of L3/L4, orifice oriented cephalad needle G25 was used. The study solution injected at the same adequate

speed for all the patient then convert the patient to supine position. The volume of study's liquid increased to 3 ml by normal saline for all control and intervention groups.

**Category**

Treatment - Drugs

**Recruitment centers****1****Recruitment center****Name of recruitment center**

Balad Ruz general hospital

**Full name of responsible person**

Abbas Al Bakri

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Zeraa Avenue., Main Avenue., Alban square., Balad Ruz., Diyala., Iraq

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baladruggeneralhospital@yahoo.com

**Sponsors / Funding sources****1****Sponsor****Name of organization / entity**

University of Sousse, Faculty of Medicine Ibn Al Jazzar

**Full name of responsible person**

Dr. Mohamed Kahloul

**Street address**

Avenue Mohamad Karoui 4002 Sousse B.P:126

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4023

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+216 73 222 600

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famso@famso.rnu.tn

**Web page address**

<https://uso.rnu.tn/>

**Grant name**

Nil

**Grant code / Reference number**

000

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

No

**Title of funding source**

University of Sousse, Faculty of Medicine Ibn Al Jazzar

**Proportion provided by this source**

100

**Public or private sector**

Private

**Domestic or foreign origin**

Domestic

**Category of foreign source of funding**

empty

**Country of origin****Type of organization providing the funding**

Persons

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

University of Sousse, Ibn Al Jazzar College of medicine

**Full name of responsible person**

Dr. Mohamad Kahloul

**Position**

Professor

**Latest degree**

Specialist

**Other areas of specialty/work**

Anesthesiology

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

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**Full name of responsible person**

DRr Mohamad Kahloul

**Position**

Professor

**Latest degree**

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**Other areas of specialty/work**

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**Person responsible for updating data****Contact****Name of organization / entity**

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**Full name of responsible person**

Ammar Al-Nussairi

**Position**

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**Latest degree**

Master

**Other areas of specialty/work**

Anesthesiology

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3200

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ammar.hoom88@gmail.com

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

Yes - There is 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**

Undecided - It is not yet known if there will be 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**

all collected deidentified IPD

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

8 months after publication

**To whom data/document is available**

Researcher, and academic institute.

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

the data will be available for supporting academic study to improve the study that needs these data like meta analysis study.

**From where data/document is obtainable**

Email: ammar.hoom88@gmail. cellphone: 009647705787925

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

Introducing them selves, and give logical reason behind needing this data will be enough to supply them.

## Comments