

Clinical Trial Protocol

Iranian Registry of Clinical Trials

12 Sep 2026

A Comparison of the Efficacy of Metoclopramide and Ondansetron in Reducing Nausea and Vomiting during Spinal Anesthesia for Elective Cesarean Section

Protocol summary

Study aim

Determining the Effectiveness of Metoclopramide and Ondansetron in Reducing Nausea and Vomiting During Spinal Anesthesia in Elective Cesarean Section

Design

This study is a randomized, double-blind, parallel-group, phase 3 clinical trial. One hundred elective cesarean patients will be enrolled and allocated into two groups using the Excel RAND function. The intervention is administered 5 minutes before spinal anesthesia, and both participants and outcome assessors are blinded to group allocation.

Settings and conduct

This randomized double-blind trial at Kosar Hospital compares metoclopramide and ondansetron for reducing nausea and vomiting during spinal anesthesia. Patients receive one of the drugs 5 minutes before anesthesia. Spinal anesthesia is standardized. Both patients and the outcome assessor are blinded, with drugs prepared in identical syringes by an independent provider.

Participants/Inclusion and exclusion criteria

Inclusion criteria: women aged 18–40 years, informed consent, singleton pregnancy undergoing elective cesarean section, and ASA physical status I–II. Exclusion criteria: withdrawal of consent, known hypersensitivity to metoclopramide or ondansetron (or their components), and occurrence of drug-related adverse effects.

Intervention groups

The intervention includes two groups: Metoclopramide group (M): Patients receive 10 mg of intravenous metoclopramide. Ondansetron group (O): Patients receive 4 mg of intravenous ondansetron. In both groups, the study drug will be diluted with normal saline to an equal volume (5 mL) and administered as a slow intravenous injection 5 minutes before spinal anesthesia. The timing, injection volume, administration rate, anesthesia protocol, and pre-anesthetic care will be

identical in both groups. The selected doses and timing are based on previous studies and commonly used protocols.

Main outcome variables

nausea and vomiting

General information

Reason for update

Acronym

IRCT registration information

IRCT registration number: **IRCT20260425069157N1**

Registration date: **2026-04-28, 1405/02/08**

Registration timing: **prospective**

Last update: **2026-04-28, 1405/02/08**

Update count: **0**

Registration date

2026-04-28, 1405/02/08

Registrant information

Name

Roghayea Neisari

Name of organization / entity

Country

Iran (Islamic Republic of)

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+98 44 3346 9931

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Recruitment status

recruiting

Funding source

Expected recruitment start date

2026-05-22, 1405/03/01

Expected recruitment end date

2027-03-20, 1405/12/29

Actual recruitment start date

empty

Actual recruitment end date

empty

Trial completion date

empty

Scientific title

A Comparison of the Efficacy of Metoclopramide and Ondansetron in Reducing Nausea and Vomiting during Spinal Anesthesia for Elective Cesarean Section

Public title

Effects of Metoclopramide and Ondansetron on Post-Cesarean Nausea and Vomiting

Purpose

Treatment

Inclusion/Exclusion criteria**Inclusion criteria:**

Age 18–40 years Willingness to participate and providing informed consent Singleton pregnancy undergoing elective cesarean section ASA physical status class I-II

Exclusion criteria:

Withdrawal of consent at any stage of the study Known hypersensitivity to metoclopramide, ondansetron, or any component of their formulations Development of drug-related adverse effects

Age

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

Gender

Female

Phase

3

Groups that have been masked

- Participant
- Outcome assessor

Sample size

Target sample size: **140**

Randomization (investigator's opinion)

Randomized

Randomization description

Participants will be randomized using block randomization with fixed block sizes of four. The random allocation sequence will be generated by computer software, and within each block, patients will be randomly assigned to either Group A or Group B. To prevent selection bias, allocation concealment will be ensured using the SNOSE method (Sequentially Numbered, Opaque, Sealed Envelopes). The random sequence will be placed inside opaque, sequentially numbered, sealed envelopes, which will be opened only after participant enrollment.

Blinding (investigator's opinion)

Double blinded

Blinding description

To maintain blinding, both medications (metoclopramide and ondansetron) are clear, colorless injectable solutions and are indistinguishable in appearance, volume, and method of administration. The medications will be prepared by an independent person in identical unlabelled syringes and coded as A/B. Therefore, both

participants and outcome assessors will remain unaware of the allocated intervention, ensuring effective blinding at both participant and assessor levels.

Placebo

Not used

Assignment

Parallel

Other design features**Secondary Ids**

empty

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

Research Ethics Committees of Urmia University of Medical Sciences

Street address

Urmia University of Medical Sciences., Emergency Alley., Resalat Boulevard., Urmia

City

Urmia

Province

West Azarbaijan

Postal code

5715781351

Approval date

2026-02-18, 1404/11/29

Ethics committee reference number

IR.UMSU.REC.1404.522

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

Elective cesarean section

ICD-10 code

O82

ICD-10 code description

Encounter for cesarean delivery without indication

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

Incidence and frequency of nausea and vomiting following the intervention.

Timepoint

0–1 hour after intervention, 1–2 hours after intervention, 2–4 hours after intervention, 4–6 hours after intervention

Method of measurement

The incidence of nausea and vomiting will be recorded as dichotomous variables (Yes/No). In addition, the frequency (number of episodes) of nausea and vomiting will be documented during the following postoperative

time intervals:

Secondary outcomes

empty

Intervention groups

1

Description

Ten milligrams of injectable metoclopramide (10 mg/2 mL ampoule, Sina Darou Pharmaceutical Co., Iran) diluted with normal saline to a final volume of 5 mL will be administered intravenously over 30–60 seconds, 5 minutes before spinal anesthesia. The final volume, timing, injection rate, and all anesthesia-related conditions will be identical in both groups.

Category

Treatment - Surgery

2

Description

Four milligrams of injectable ondansetron (4 mg/2 mL ampoule, Actoverco Pharmaceutical Co., Iran) diluted with normal saline to a final volume of 5 mL will be administered intravenously over 30–60 seconds, 5 minutes before spinal anesthesia. All injection conditions and anesthesia protocols will match those of the metoclopramide group.

Category

Treatment - Surgery

Recruitment centers

1

Recruitment center

Name of recruitment center

Kosar Comprehensive Women's Educational and Medical Center.,

Full name of responsible person

Dr. Roghaye Neisari

Street address

Kosar Comprehensive Women's Educational and Medical Center., Hasani Street., Urmia

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Sponsors / Funding sources

1

Sponsor

Name of organization / entity

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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

Oroumia 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

Oroumia University of Medical Sciences

Full name of responsible person

Dr. Roghaye Neisari

Position

Associate professor

Latest degree

Specialist

Other areas of specialty/work

Anesthesiology

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Person responsible for scientific inquiries

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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