

Clinical Trial Protocol

Iranian Registry of Clinical Trials

12 Sep 2026

Comparison of the Analgesic Effects of Surgical Site Bupivacaine and Tramadol Infiltration After Appendectomy

Protocol summary

Study aim

Comparison of the analgesic effects of surgical site infiltration of bupivacaine versus tramadol in patients undergoing appendectomy under general anesthesia.

Design

Randomized, double-blind, parallel-group, active-controlled, phase 3 clinical trial on 80 patients (40 patients per group). Randomization will be performed using the random number generation function of SPSS software.

Settings and conduct

The study will be conducted at AL-Jumhuri Hospital in Neynava, Iraq. Appendectomy candidates, after confirming eligibility, will be randomly allocated to two groups. The surgeon will infiltrate the drug at the surgical site. The patient, pain assessor, and statistical analyst will be blinded.

Participants/Inclusion and exclusion criteria

Inclusion Criteria : Age between 18 and 65 years. Candidate for appendectomy under general anesthesia. ASA physical status class I or II Ability to provide written informed consent. Exclusion Criteria : Known allergy to any of the study medications. History of chronic opioid use Severe cardiac, hepatic, renal, or advanced neurological disorders. Pregnancy or breastfeeding. Body Mass Index greater than 35 kg/m². Diagnosis of perforated appendicitis or generalized peritonitis requiring extensive surgery. Inability to communicate effectively for reliable pain score assessment.

Intervention groups

Group Bupivacaine: Receives 20 mL of bupivacaine 0.25% (50 mg) as layer-by-layer infiltration at the surgical site. Group Tramadol: Receives 100 mg of tramadol dissolved in 20 mL of normal saline as layer-by-layer infiltration at the surgical site.

Main outcome variables

Postoperative pain intensity measured by VAS, at PACU arrival and at 1, 2, 4, 6, 12, and 24 hours after surgery.

General information

Reason for update

Acronym

IRCT registration information

IRCT registration number: **IRCT20260428069192N3**

Registration date: **2026-08-08, 1405/05/17**

Registration timing: **prospective**

Last update: **2026-08-08, 1405/05/17**

Update count: **0**

Registration date

2026-08-08, 1405/05/17

Registrant information

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Name of organization / entity

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Recruitment status

recruiting

Funding source

Expected recruitment start date

2026-08-11, 1405/05/20

Expected recruitment end date

2026-11-06, 1405/08/15

Actual recruitment start date

empty

Actual recruitment end date

empty

Trial completion date

empty

Scientific title

Comparison of the Analgesic Effects of Surgical Site Bupivacaine and Tramadol Infiltration After Appendectomy	
Public title	Comparison of the Analgesic Effects of Topical Bupivacaine and Tramadol in Appendectomy Surgery
Purpose	Treatment
Inclusion/Exclusion criteria	Inclusion criteria: Age between 18 and 65 years. Candidate for appendectomy under general anesthesia. ASA physical status class I or II according to American Society of Anesthesiologists criteria. Ability to fully understand the study protocol and provide written informed consent Exclusion criteria: Known allergy or hypersensitivity to bupivacaine, tramadol, or any of the study medications. History of chronic opioid use or substance abuse. Severe cardiac, hepatic, renal, or advanced neurological disorders. Pregnancy or breastfeeding. Body Mass Index (BMI) greater than 35 kg/m². Diagnosis of perforated appendicitis or generalized peritonitis requiring extensive surgery. Inability to communicate effectively for reliable pain score assessment.
Age	From 18 years old to 65 years old
Gender	Both
Phase	4
Groups that have been masked	• Participant • Investigator • Outcome assessor • Data analyser
Sample size	Target sample size: 80
Randomization (investigator's opinion)	Randomized
Randomization description	In this randomized controlled clinical trial, the Simple Randomization method using computer-generated random numbers will be employed (Uniform Random Number Generator). This method is a fully probabilistic (random) approach in which each participant has an entirely equal and independent chance of being allocated to either of the two intervention groups. In this method, the randomization sequence is designed in such a way that allocation of each patient to groups is not predictable in any way and is based solely on chance and probability. The probability of allocation to each group is 50% (1:1 ratio)
Blinding (investigator's opinion)	Double blinded
Blinding description	In this study, blinding is designed as a double-blind trial with the exception that the injecting physician is not blind, while the patient, data collector, and statistical analyst will all remain blind to the patient's group allocation. The study drugs (bupivacaine 0.25% and tramadol 100 mg dissolved in normal saline) will be prepared by an independent pharmacist in identical 20 mL syringes with clear and colorless appearance, and will be labeled only with group codes (A or B). After opening the randomization envelope, only the surgeon will be informed of the group code and will inject the corresponding drug at the surgical site. The patient, anesthesia team, nurses, and pain assessor will remain unaware of the injected drug type. The statistical analyst will receive data coded as A and B, and unblinding will be performed after analysis completion. To maintain blinding throughout the study, all team members are obligated to preserve blinding, and no information about the patient's group will be disclosed to the pain assessor or patient. In case of any accidental disclosure of the patient's group, this will be recorded as a "Breach of Blinding" in the data collection form and will be considered in the final analysis
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 Public Health & Allied Medical Sciences- Tehran University Street address No. 17, Bastani Parizi Alley, Ghods St., Enghelab Ave., Enghelab Sq., Tehran, Iran. City Tehran Province Tehran Postal code 1417744361 Approval date 2025-08-02, 1404/05/11 Ethics committee reference number IR.TUMS.SPH.REC.1405.137
Health conditions studied	1 Description of health condition studied Acute postoperative pain resulting from appendectomy surgical incision ICD-10 code K35 ICD-10 code description Acute appendicitis

Primary outcomes

1

Description

Postoperative pain score measured by Visual Analog Scale (VAS) at PACU arrival and at 1, 2, 4, 6, 12, and 24 hours after surgery (0–10 cm, where 0 indicates no pain and 10 indicates the worst imaginable pain).

Timepoint

PACU arrival and at 1, 2, 4, 6, 12, and 24 hours after surgery

Method of measurement

it will be measured by Visual Analog Scale (VAS) 0–10 cm, where 0 indicates no pain and 10 indicates the worst imaginable pain.

2

Description

Total opioid consumption within the first 24 hours after surgery

Timepoint

within the first 24 hours after surgery

Method of measurement

Total opioid consumption after surgery in Milgram

Secondary outcomes

1

Description

Heart Rate, Systolic Blood Pressure, Diastolic Blood Pressure, and Mean Arterial Pressure

Timepoint

PACU arrival, 30 minutes after surgery, 1 hour, 2 hours, 4 hours, 6 hours, 12 hours, and 24 hours after surgery.

Method of measurement

Using standard monitoring devices (blood pressure monitor and electrocardiography) in the recovery unit and surgical ward.

2

Description

Time to First Rescue Analgesic Request

Timepoint

when the patient first requests analgesia or VAS reaches 4 or higher).

Method of measurement

Recording of exact time (minutes) from the end of surgery (extubation) to analgesic request, based on nursing documentation and recorded in the data collection form.

Intervention groups

1

Description

Intervention group: After fascial closure and before skin closure, 20 mL of bupivacaine 0.25% (equivalent to 50

mg) will be infiltrated by the surgeon in a layer-by-layer, multi-site manner at the surgical site. The injection technique is as follows: 5 mL injected into the muscle fascia, 10 mL injected into the subcutaneous tissue (in a fan-shaped manner), and the remaining 5 mL injected into the subdermal layer. Injection will be performed slowly (approximately 2 mL per 10 seconds), and the wound will not be massaged after injection.

Category

Treatment - Drugs

2

Description

Control group: After fascial closure and before skin closure, 100 mg of tramadol hydrochloride dissolved in 20 mL of normal saline will be infiltrated by the surgeon in a layer-by-layer, multi-site manner at the surgical site. The injection technique is identical to Group A: 5 mL injected into the muscle fascia, 10 mL injected into the subcutaneous tissue (in a fan-shaped manner), and the remaining 5 mL injected into the subdermal layer. Injection will be performed slowly (approximately 2 mL per 10 seconds), and the wound will not be massaged after injection.

Category

Treatment - Drugs

Recruitment centers

1

Recruitment center

Name of recruitment center

AL-Jumhouri Teaching Hospital in Nineveh, Iraq

Full name of responsible person

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Sponsors / Funding sources

1

Sponsor

Name of organization / entity

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Full name of responsible person

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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
 Tehran 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
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Full name of responsible person
 Mohamad Sorani
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Sharing plan

Deidentified Individual Participant Data Set (IPD)
 No - There is not a plan to make this available
Justification/reason for indecision/not sharing IPD
 All data will remain confidential in accordance with the ethical commitment, and only aggregated group-level results will be published in the form of a final article or report
Study Protocol
 Yes - There is a plan to make this available
Statistical Analysis Plan
 No - There is not a plan to make this available
Informed Consent Form
 No - There is not a plan to make this available
Clinical Study Report

Yes - There is a plan to make this available

Analytic Code

No - There is not a plan to make this available

Data Dictionary

No - There is not a plan to make this available

Title and more details about the data/document

Individual participant data will not be shared. The only publishable documents include the aggregated study results in the form of the final manuscript and the Statistical Analysis Plan (SAP). Study results will be disseminated through publication in a reputable national or international peer-reviewed journal in the field of anesthesiology, as well as presentation at relevant scientific conferences

When the data will become available and for how long

Access to SAP: immediately after IRCT registration.
Access to aggregated results (manuscript): submitted within 12 months of data collection completion; publicly available 6 months post-publication

To whom data/document is available

IPD will not be shared. Aggregated results (manuscript) and SAP will be publicly and unrestrictedly available to all—academic researchers, industry professionals, students, and the public—via the publishing journal and IRCT.

Under which criteria data/document could be used

IPD will not be shared. For use of aggregated results and SAP: 1. Proper citation is mandatory. 2. Direct commercial use is not permitted. 3. Compliance with research ethics is required. 4. No formal request is needed due to open-access publication.

From where data/document is obtainable

Applicants, in order of priority: 1. Publishing journal website (manuscript). 2.. Principal investigator email: mohamad.sorani@gmail.com (additional information). 3. PubMed, Scopus, and Google Scholar.

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

No application process. Immediate, free download from journal website or Email inquiries

Comments