



Essai Clinique

Généré le 16 mai 2025 à partir de

| | |
|-------------------------|--|
| Titre | A Randomized Controlled Trial of Endoscopic Ultrasound Guided Celiac Plexus Neurolysis (EUS-CPN) With and Without Bupivacaine |
| Protocole ID | 21.151 |
| ClinicalTrials.gov ID | NCT04951804 |
| Type(s) de cancer | Pancréas |
| Phase | Autres |
| Type étude | Clinique |
| Médicament | Neurolyse du plexus coélaque guidé par échographie endoscopique avec ou sans bupivacaine |
| Institution | CENTRE HOSPITALIER DE L'UNIVERSITE DE MONTREAL |
| Ville | |
| Investigateur principal | Dr Anand Sahai |
| Coordonnateur | Charles Mackay 514-890-8000 poste 36484 |
| Statut | Actif en recrutement |
| Date d'activation | 01-08-2022 |
| But étude | <p>Endoscopic ultrasound (EUS) allows EUS-guided trans gastric injection of absolute alcohol around the base of the celiac plexus (celiac plexus neurolysis (EUS-CPN)), to help alleviate pain associated with pancreatic cancer. It is standard procedure to inject bupivacaine immediately before injecting absolute alcohol, to theoretically prevent pain that may occur during and after the procedure. However, there are no data showing whether bupivacaine injection has any real influence on intra-procedural, immediate post-procedural, or long-term pain control. The injection of bupivacaine before the alcohol may have no effect, a synergistic effect, or an antagonistic effect, by diluting the alcohol, and reducing its neurolytic capacity. Inadvertent intravascular injection of bupivacaine may also cause irreversible cardiac arrhythmias and death. The investigators therefore propose a randomized clinical trial to determine whether the exclusion of bupivacaine during EUS-guided CPN improves outcomes, or not.</p> |
| Critères d'éligibilité | <ul style="list-style-type: none">• Malignant-appearing pancreatic mass, or proven pancreatic cancer involving the pancreatic genu, body, or tail• Any level of abdominal or back pain considered to be potentially related to the mass:<ul style="list-style-type: none">• New onset pain (<3 months)• Constant• Centrally located• With or without irradiation to the back• No obvious other source of pain based on history and physical examination by the attending endosonographer• No possibility of surgical management• Signed, informed consent• Celiac axis accessible for bilateral neurolysis at EUS. |
| Critères d'exclusion | <ul style="list-style-type: none">• Allergy to bupivacaine |