

INPLASY PROTOCOL

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Corresponding author:
xiangli Xiao

nhxiaoxiangli@126.com

Author Affiliation:
Beihai City People's Hospital.

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Conflicts of interest:
None declared.

Efficacy of stellate ganglion block on acute postoperative pain in patients undergoing surgery with general anaesthesia: a meta-analysis of randomized controlled trials

Zhao, Y¹; Xiao X².

Review question / Objective: Patients: adults, intervention: pre-operative stellate ganglion block, comparison: placebo or control, outcomes: acute postoperative pain, PONV.

Condition being studied: Postoperative pain relief is a major concern for patients undergoing surgery with general anaesthesia. Postoperative pain is associated with increased autonomic nerve instability, acute pain may progress to chronic pain if left untreated. Preoperative ultrasound-guided stellate ganglion block may have promising results in lower postoperative pain. We therefore conducted a meta-analysis to evaluate the efficacy of stellate ganglion block on acute postoperative pain in patients undergoing surgery with general anaesthesia.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 05 May 2023 and was last updated on 05 May 2023 (registration number INPLASY202350022).

INTRODUCTION

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acute postoperative pain in patients undergoing surgery with general anaesthesia.

Author 2 - xiangli Xiao.
Email: nhxiaoxiangli@126.com

METHODS

Participant or population: Adults undergoing surgery with general anaesthesia.

Intervention: Pre-operative stellate ganglion block.

Comparator: Placebo or control.

Study designs to be included: Randomized controlled trials.

Eligibility criteria: (1) Adult patients undergoing surgery with general anaesthesia;(2) Randomized controlled trials;(3) pre-operative stellate ganglion block.

Information sources: Pubmed and Embase and Cochrane Library.

Main outcome(s): Primary outcome: postoperative pain score. Secondly outcome: PONV.

Quality assessment / Risk of bias analysis: Grading Quality of Evidence Grade.

Strategy of data synthesis: Relative risks (RRs) with 95% confidence intervals (CIs) for dichotomous outcomes and mean differences (MDs) with 95% CIs for continuous outcomes were used as summary statistics.

Subgroup analysis: Type of surgery.

Sensitivity analysis: Sensitivity analyses by exclusion of any single study.

Country(ies) involved: China.

Keywords: stellate ganglion block, postoperative pain, meta-analysis.

Contributions of each author:

Author 1 - Yan Zhao.
Email: sdzhaoyan0504@126.com