Paravertebral Block to Reduce the Incidence of New Onset Atrial Fibrillation After Cardiac Surgery: A Prospective Randomized Controlled Pilot Trial

Status: Recruiting

Eligibility Criteria

Sex: Male or Female
Age Group: 18 years and over
This study is NOT accepting healthy volunteers

Inclusion Criteria:

- undergoing one of the following elective or urgent (but not emergency) surgeries: A) Primary Coronary Artery Bypass Graft (CABG) B) Primary Surgical Aortic Valve Replacement (sAVR) C) Primary Surgical Mitral Valve Replacement (sMVR) D) Combined CABG & surgical valve replacement

Exclusion Criteria:

- history of atrial fibrillation or flutter - Infective endocarditis - Left ventricular ejection fraction (LVEF) < 30% - redo surgery - unable to have a block because of local anesthetic allergy, bleeding problem - Body mass index > 35kg/m2 - woman who is pregnant

Conditions & Interventions

Interventions:
Drug: Ropivacaine 0.2% Injectable Solution
Conditions:
Heart & Vascular
Keywords:
Clinics and Surgery Center (CSC), AF, Atrial Fibrillation, CABG, Cardiac Disease, Coronary Artery By-Pass Surgery

More Information

Description: To determine if a perioperative infusion of 0.2% ropivacaine via bilateral T3 paravertebral catheters can decrease the incidence of new onset atrial fibrillation following primary CABG and/or valve surgery and compare a number of secondary outcomes.
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Phase: Phase 4
IRB Number: STUDY00009938