

Effects of general anesthesia and ultrasonography-guided interscalene block on pain and oxidative stress in shoulder arthroscopy: a randomized trial

MURAT ÖKSÜZ¹, Suheyla Abitagaoglu², Ahmet Kacioglu³, Ceren Koksal², Burak Yagmur Ozturk², Özcan Erel⁴, Almila Senat Aydin⁴, and Dilek Erdogan Ari²

¹Sancaktepe Şehit Prof Dr İlhan Varank Training and Research Hospital

²Fatih Sultan Mehmet Training and Research Hospital

³Bursa City Hospital

⁴Ankara Yildirim Beyazit Universitesi Tip Fakultesi

June 15, 2021

Abstract

Background/aim: The aim of this study was to evaluate the effects of general anesthesia and ultrasonography-guided interscalene block on pain and oxidative stress evaluated by thiol-disulphide balance and C-reactive protein levels in patients undergoing shoulder arthroscopy. **Materials and methods:** A total of 42 patients aged 18–75 years who were scheduled to undergo shoulder arthroscopy were randomized into interscalene block group (Group-IB, n = 20) and general anesthesia group (Group-GA, n = 22). All patients received patient-controlled analgesia during the postoperative period. Additional analgesics were administered to patients with a visual analog scale score of > 4. Native -thiol, total -thiol, disulphide and C-reactive protein levels were measured. Patients' visual analog scale scores, morphine and additional analgesic consumption were recorded. A shift in thiol-disulphide balance toward decreased thiol and increased disulphide levels was regarded as an indicator of oxidative stress. **Results:** Pain level, morphine and additional analgesic consumption were higher in Group-GA. Native-thiol and total-thiol levels were higher in Group-IB postoperatively and also disulphide levels were lower at postoperative 18 hours. C-reactive protein levels were similar in both the groups. **Conclusion:** Interscalene block induced less oxidative stress during the postoperative period, as evaluated by thiol-disulphide balance.

Acknowledgement/Disclaimers/Conflict of interest

All authors have contributed to the paper, met criteria of authorship and are familiar with the contents of the final draft.

No support has been received from any funding organization for this research.

There is no conflict of interest with any financial organization.

References

1. Stasiowski MJ, Kolny M, Zuber M, Marciniak R, Chabierska E, Jalowiecki P, et al (2017). Randomised controlled trial of analgesic effectiveness of three different techniques of single-shot interscalene brachial plexus block using 20 mL of 0.5% ropivacaine for shoulder arthroscopy. *Anaesthesiol Intensive Ther* 49: 215-21. <https://doi.org/10.5603/AIT.a2017.0031>
2. Park SK, Choi YS, Choi SW, Song SW (2015). A Comparison of Three Methods for Postoperative Pain Control in Patients Undergoing Arthroscopic Shoulder Surgery. *Korean J Pain* 28:45-51.

- <https://doi.org/10.3344/kjp.2015.28.1.45>
3. Arsalani-Zadeh R, Ullah S, Khan S, MacFie J (2011). Oxidative stress in laparoscopic versus open abdominal surgery: a systematic review. *J Surg Res* 169(1):e59-68. <https://doi.org/10.1016/j.jss.2011.01.038>.
 4. Uzunkoy A, Coskun A, Akinci OF, et al (2000). Systemic stress responses after laparoscopic or open hernia repair. *Eur J Surg* 166:467. <https://doi.org/10.1080/110241500750008781>
 5. Allaouchiche B, Debon R, Goudable J, Chassard D, Duflo F (2001). Oxidative stress status during exposure to propofol, sevoflurane and desflurane. *Anesth Analg* 93: 981-5. <https://doi.org/10.1097/00000539-200110000-00036>
 6. De Hert SG, Cromheecke S, ten Broecke PW, Mertens E, De Blier IG, Stockman BA, et al (2003). Effects of propofol, desflurane, and sevoflurane on recovery of myocardial function after coronary surgery in elderly high risk patients. *Anesthesiology* 99: 314-23. <https://doi.org/10.1097/00000542-200308000-00013>
 7. Tanaka K, Ludwig LM, Kersten JR, Pagel PS, Warltier DC (2004). Mechanisms of cardioprotection by volatile anesthetics. *Anesthesiology* 100: 707-21. <https://doi.org/10.1097/00000542-200403000-00035>
 8. Erturk E, Topaloglu S, Dohman D, Kutannis D, Beşir A, Demirci Y, et al (2014). The Comparison of the Effects of Sevoflurane Inhalation Anesthesia and Intravenous Propofol Anesthesia on Oxidative Stress in One Lung Ventilation. *BioMed Res Int* 2014: 360936. <https://doi.org/10.1155/2014/360936>
 9. Bedirli N, Akyürek N, Kurtipek O, Kavutcu M, Kartal S, Bayraktar AC (2011). Thoracic epidural bupivacaine attenuates inflammatory response, intestinal lipid peroxidation, oxidative injury, and mucosal apoptosis induced by mesenteric ischemia/reperfusion. *Anesth Analg* Nov;113(5):1226-32. <https://doi.org/10.1213/ANE.0b013e31822b8984>
 10. Dinc ME, Ulusoy S, Is A, Ayan NN, Avincsal MO, Bicer C, et al (2016). Thiol/disulphide homeostasis as a novel indicator of oxidative stress in sudden sensorineural hearing loss. *J Laryngol Otol* 130: 447-52. <https://doi.org/10.1017/S002221511600092X>
 11. Kundi H, Ates I, Kiziltunc E, Cetin M, Cicekcioglu H, Neselioglu S, et al (2015). A novel oxidative stress marker in acute myocardial infarction; thiol/ disulphide homeostasis. *Am J of Emerg Med* 33: 1567-71. <https://doi.org/10.1016/j.ajem.2015.06.016>
 12. Erel O, Neselioglu S (2014). A novel and automated assay for thiol/disulphide homeostasis. *Clin Biochem* 47: 326-32. <https://doi.org/10.1016/j.clinbiochem.2014.09.026>
 13. Hanikoglu F, Hanikoglu A, Kucuksayan E, Alisik M, Gocener AA, Erel O, et al (2016). Dynamic thiol/disulphide homeostasis before and after radical prostatectomy in patients with prostate cancer. *Free Radic Res* 50(sup1): 79-84. <https://doi.org/10.1080/10715762.2016.1235787>
 14. Tokgöz H, Taş S, Giray Ö, Yalçınkaya S, Tokgöz Ö, Koca C, et al (2017). The change in serum Thiol/Disulphide homeostasis after transrectal ultrasound guided prostate biopsy. *Int Braz J Urol* 43: 455-61. <https://doi.org/10.1590/S1677-5538.IBJU.2016.0114>.
 15. Kulacoglu H, Ozdogan M, Gurer A, Ersoy EP, Onder Devay A, Duygulu Devay S, et al (2007). Prospective comparison of local, spinal, and general types of anaesthesia regarding oxidative stress following Lichtenstein hernia repair. *Bratisl Lek Listy* 108: 335-9.
 16. Gonano C, Kettner SC, Ernstbrunner M, Schebesta K, Chiari A, Marhofer P (2009). Comparison of economical aspects of interscalene brachial plexus blockade and general anaesthesia for arthroscopic shoulder surgery. *Br J Anaesth* 103: 428-33. <https://doi.org/10.1093/bja/aep173>
 17. Lehmann LJ, Loosen G, Weiss C, Schmittner MD (2015). Interscalene plexus block versus general anaesthesia for shoulder surgery: a randomized controlled study. *Eur J Orthop Surg Traumatol* 25: 255-61. <https://doi.org/10.1007/s00590-014-1483-3>.

18. Omür D, Hacivelioglu SÖ, Oguzalp H, Uyan B, Kiraz HA, Duman C, et al (2013). The effect of anaesthesia technique on maternal and cord blood ischaemia-modified albumin levels during caesarean section: A randomized controlled study. *J Int Med Res* 41: 1111-9. <https://doi.org/10.1177/0300060512474133>
19. Shin S, Bai SJ, Rha KH, So Y, Oh YJ (2013). The effects of combined epidural and general anesthesia on the autonomic nervous system and bioavailability of nitric oxide in patients undergoing laparoscopic pelvic surgery. *Surg Endosc* 27: 918-26. <https://doi.org/10.1007/s00464-012-2536-5>.
20. Polat M, Ozcan O, Sahan L, Üstündağ-Budak Y, Alisik M, Yilmaz N, et al (2016). Changes in Thiol-Disulphide Homeostasis of the Body to Surgical Trauma in Laparoscopic Cholecystectomy Patients. *J Laparoendosc Adv Surg Tech A* 26: 992-6. <https://doi.org/10.1089/lap.2016.0381>
21. Akin F, Kozanhan B, Deniz CD, Sahin O, Goktepe H, Neselioglu S, et al (2019). Effects of the anesthesia technique used during cesarean section on maternal-neonatal thiol disulphide homeostasis. *Minerva Anestesiologica* Nov;85(11):1175-1183. <https://doi.org/10.23736/S0375-9393.19.13598-5>
22. Bagry H, de la Cuadra Fontaine JC, Asenjo JF, Bracco D, Carli F (2008). Effect of a Continuous Peripheral Nerve Block on the Inflammatory Response in Knee Arthroplasty. *Reg Anesth Pain Med* 33: 17-23. <https://doi.org/10.1016/j.rapm.2007.06.398>
23. Kendrisic M, Surbatovic M, Djordjevic D, Jevdjic J (2017). Surgical stress response following hip arthroplasty regarding choice of anesthesia and postoperative analgesia. *Vojnosanit Pregl* 74: 1162-9. <https://doi.org/10.2298/VSP160416153K>
24. Poulet R, Gentile MT, Vecchione C, Distaso M, Aretini A, Fratta L, et al (2006). Acute hypertension induces oxidative stress in brain tissues *J Cereb Blood Flow Metab* 26(2):253-62. <https://doi.org/10.1038/sj.jcbfm.9600188>
25. Ohzato H, Yoshizaki K, Nishimoto N, Ogata A, Tagoh H, Monden M, et al (1992). Interleukin-6 as a new indicator of inflammatory status: detection of serum levels of interleukin-6 and C-reactive protein after surgery. *Surgery* 111: 201-9.

Table 1. Demographic Characteristics and Duration of Surgery

	Group IB (n = 20)	Group G
Age (yr)	Age (yr)	Median (minimum–maximum) or n (%)
Sex	Sex	48.5 (22–66)
Height (cm)	M/F	6/14
Body weight (kg)	Height (cm)	10/12
BMI (kg/m ²)	Body weight (kg)	1.64 (1.54–1.83)
ASA score	BMI (kg/m ²)	1.61 (1.5–1.8)
	ASA score	71.5 (55–95)
	I (%)	27.95 (22–38.2)
	II (%)	10 (45.5)
Presence of comorbid disease (%)	Presence of comorbid disease (%)	12 (54.5)
Duration of surgery (min)	Duration of surgery (min)	10 (45.5)
		60 (15–150)

^aMann–Whitney U test, ^bChi-square Test

Table 2. Amount of Total Morphine Consumed Through Patient-Controlled Analgesics and Need for Additional Analgesics

Patient-controlled analgesia (mg) <i>Median(minimum–maximum)</i>	Patient-controlled analgesia (mg) <i>Median(minimum–maximum)</i>
Postoperative 0 minute	Postoperative 0 minute
Postoperative 30 minutes	Postoperative 30 minutes
Postoperative 3 hours	Postoperative 3 hours
Postoperative 6 hours	Postoperative 6 hours
Postoperative 18 hours	Postoperative 18 hours
Need for additional analgesics n (%)	
Postoperative 0 minute	0 (0)
Postoperative 30 minute	0 (0)
Postoperative 3 hours	0 (0)
Postoperative 6 hours	0 (0)
Postoperative 18 hours	0 (0)
^a Mann–Whitney U test, ^b Chi-square test	^a Mann–Whitney U test, ^b Chi-square test

Table 3. Levels of Native Thiol, Total Thiol, Disulphide and Ratio of Disulphide/Native Thiol Level

Native thiol ($\mu\text{mol/L}$)
Baseline
Intraoperative 30 minutes
Postoperative 3 hours
Postoperative 6 hours
Postoperative 18 hours
Total thiol ($\mu\text{mol/L}$)
Baseline
Intraoperative 30 minutes
Postoperative 3 hours
Postoperative 6 hours
Postoperative 18 hours
Disulphide ($\mu\text{mol/L}$)
Baseline
Intraoperative 30 minutes
Postoperative 3 hours
Postoperative 6 hours
Postoperative 18 hours
Disulphide/Native thiol level
Basal
Intraoperative 30 minutes
Postoperative 3 hours
Postoperative 6 hours
Postoperative 18 hours

p<0,05 Mann–Whitney U test, #p<0.05 compared with the baseline value for Group GA, Wilcoxon signed-rank test, &p<0

Table 4. Changes in Native and Total Thiol Levels Across Time Intervals

		Group IB	Group GA
Native thiol	Native thiol	Median (minimum–maximum)	Median (minimum–maximum)
	T1–T0	4.75 (-12 to 151.6)	-11.55 (-113.8 to 132.5)
	T2–T1	-11.85 (-122.2 to 22.7)	-1.95 (-56.3 to 79.7)
	T3–T2	7.95 (-68.3 to 59.6)	-3.9 (-52.8 to 39.9)
	T4–T3	13.35 (-164.1 to 110.5)	4.05 (-92.5 to 89.1)
Total thiol	Total thiol		
	T1–T0	-7.75 (-141.2 to 175.3)	-20.5 (-92.8 to 41.7)
	T2–T1	-20.05 (-118.6 to 21.9)	-2.5 (-72 to 70.3)
	T3–T2	22.4 (-70.3 to 70.3)	-7.05 (-37.7 to 36.2)
	T4–T3	8.35 (-179.6 to 224.9)	6.45 (-62.8 to 89.8)
p<0,05 Mann–Whitney U test	*p<0,05 Mann–Whitney U test	*p<0,05 Mann–Whitney U test	*p<0,05 Mann–Whitney U test

Table 5. C-Reactive Protein Levels

C-reactive protein (mg/dL)

Baseline

Intraoperative 30 minutes

Postoperative 3 hours

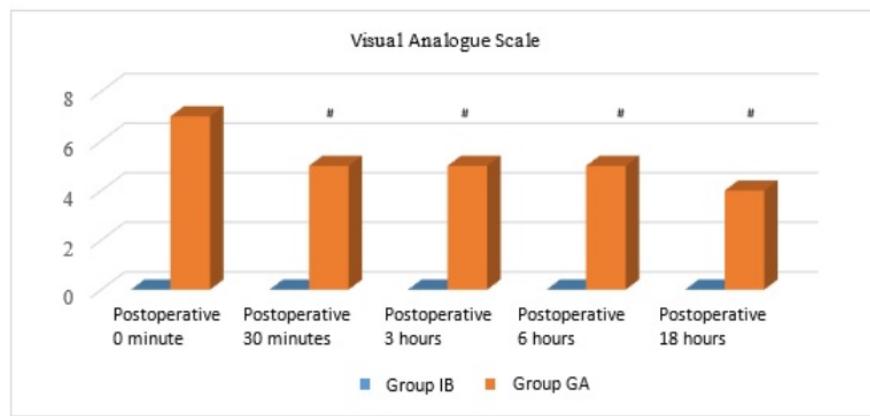
Postoperative 6 hours

Postoperative 18 hours

^aMann–Whitney U test, ^bp=0.003 compared with the baseline value for Group IB, Wilcoxon signed-rank test, [#]p=0.001 co

FIGURE LEGENDS

Figure. Postoperative Visual Analogue Scale Scores



(p < 0.001, Mann–Whitney U test, #p [?] 0.001 compared with the baseline value for Group GA, Wilcoxon signed-rank test