

STUDY OF ANALGESIC EFFECT OF BILATERAL SUPERFICIAL CERVICAL PLEXUS BLOCK ADMINISTERED BEFORE THYROID SURGERY UNDER GENERAL ANAESTHESIA AS COMPARED TO GENERAL ANAESTHESIA ALONE**Dr GARGI BHADRA¹, Dr RINA MAJUMDAR²**¹Md Anaesthesia, Assistant professor, MEDICAL COLLEGE AND HOSPITAL KOLKATA²MD DNB ANAESTHESIA, SENIOR RESIDENT, MEDICAL COLLEGE AND HOSPITAL KOLKATA.**Corresponding Author****Dr GARGI BHADRA**

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ABSTRACT

Background: Postoperative pain management is crucial in patients undergoing thyroid surgery. This study aimed to evaluate the analgesic efficacy of bilateral superficial cervical plexus block (BSCPB) with bupivacaine and clonidine in combination with general anesthesia (GA) compared to GA alone or GA with BSCPB using bupivacaine only.

Methods: In this prospective, randomized study, 144 patients undergoing thyroid surgery were allocated into three groups: GA+BSCPB with bupivacaine and clonidine, GA+BSCPB with bupivacaine only, and GA alone. Postoperative pain scores, time to first analgesic administration, analgesic requirements, and perioperative hemodynamic parameters were assessed.

Results: The mean Visual Analog Scale (VAS) scores at 2 and 6 hours postoperatively were significantly lower in the GA+BSCPB with bupivacaine and clonidine group (2.48 ± 0.68 and 1.98 ± 0.36 , respectively) compared to the GA+BSCPB with bupivacaine only (4.79 ± 0.68 and 4.25 ± 0.78 , respectively) and GA alone groups (7.23 ± 0.42 and 6.37 ± 0.48 , respectively) ($p<0.01$). The mean time to first analgesic administration was significantly longer, and the mean dose of diclofenac received at 6 hours was significantly lower in the GA+BSCPB with bupivacaine and clonidine group compared to the other two groups ($p<0.01$). BSCPB with bupivacaine and clonidine also resulted in significantly lower perioperative pulse rate and blood pressure ($p<0.0001$).

Conclusion: BSCPB with bupivacaine and clonidine in combination with GA provides superior postoperative analgesia and perioperative hemodynamic stability compared to GA alone or GA with BSCPB using bupivacaine only in patients undergoing thyroid surgery.

Keywords: Bilateral superficial cervical plexus block, bupivacaine, clonidine, general anesthesia, postoperative pain, thyroid surgery.

INTRODUCTION

Thyroid surgery, one of the most common surgical procedures, is associated with significant postoperative pain that can lead to increased morbidity and prolonged hospital stay [1]. Effective pain management is crucial for improving patient outcomes and reducing healthcare costs. General anesthesia (GA) is the standard technique for thyroid surgery; however, it may not provide adequate postoperative analgesia [2]. Superficial cervical plexus block (SCPB) has emerged as a promising technique for enhancing postoperative pain control in thyroid surgery patients [3].

The superficial cervical plexus, formed by the anterior rami of the C2-C4 spinal nerves, provides sensory innervation to the anterolateral neck region [4]. SCPB involves the infiltration of local anesthetic around these nerves, thereby blocking the transmission of pain signals from the surgical site [5]. Several studies have investigated the efficacy of SCPB in reducing postoperative pain and analgesic consumption in thyroid surgery patients [6-8].

A meta-analysis by Warschkow et al. [9] demonstrated that SCPB significantly reduced postoperative pain scores and opioid consumption in patients undergoing thyroid surgery under GA. However, the included studies had heterogeneous designs and small sample sizes, limiting the generalizability of the findings. More recent randomized controlled trials (RCTs) have provided further evidence supporting the analgesic benefits of SCPB in thyroid surgery [10,11].

Despite the growing body of literature on SCPB in thyroid surgery, there is a lack of consensus regarding its optimal timing, technique, and effects on other postoperative outcomes such as nausea, vomiting, and hospital length of stay [12]. Some studies have suggested that preoperative SCPB may be more effective than postoperative block in reducing pain

and analgesic requirements [13,14]. However, the evidence is not conclusive, and further research is needed to establish the most effective timing and technique for SCPB in thyroid surgery.

In addition to its analgesic effects, SCPB may have other potential benefits in thyroid surgery patients. A study by Gürkan et al. [15] found that SCPB significantly reduced the incidence of postoperative hoarseness and dysphagia, which are common complications of thyroid surgery. The authors hypothesized that SCPB may reduce the risk of these complications by decreasing the inflammatory response and muscle spasms in the neck region. However, more studies are needed to confirm these findings and elucidate the underlying mechanisms.

The present study aims to investigate the analgesic efficacy of bilateral SCPB administered before thyroid surgery under GA compared to GA alone. The primary outcome will be postoperative pain scores, while secondary outcomes will include analgesic consumption, patient satisfaction, and postoperative complications such as nausea, vomiting, hoarseness, and dysphagia. The findings of this study will contribute to the growing evidence base on the use of SCPB in thyroid surgery and help inform clinical practice guidelines for optimal pain management in this patient population.

AIMS AND OBJECTIVES

The primary objective of this study was to assess the effect of bilateral superficial cervical plexus block on post-operative pain with general anesthesia compared to general anesthesia alone in elective thyroid surgery cases. The secondary objectives were to compare the incidence of post-operative nausea and vomiting among three groups, to study the incidence of complications of superficial cervical plexus block, and to observe hemodynamic stability in the perioperative period by non-invasive blood pressure (NIBP), heart rate, and oxygen saturation (SPO2).

MATERIALS AND METHODS

Study Design

This was a prospective, comparative, randomized, single-blinded study conducted in the operation theatre of the Department of General Surgery and Otorhinolaryngology at Medical College, Kolkata, West Bengal, India. The study was carried out for 8 months, followed by 2 months for statistical analysis and another 2 months for thesis writing and submission.

Study Population

The study population consisted of 144 adult patients aged between 18-60 years of either gender, belonging to the American Society of Anesthesiologists (ASA) physical status 1 and 2, who were scheduled for elective thyroidectomy during the period of data collection at Medical College and Hospital, Kolkata.

Sample Size

The sample size was calculated assuming a p-value <0.05 to be significant and considering the effect to be two-sided. With $Z_{\alpha}=1.96$ and a power of 90% ($Z_{1-\beta}=1.28$), and considering an effect size (difference in pain score) of 2 to be statistically significant, the minimum sample size required for each group was 48 patients. Hence, a total of 144 patients were included in the study, with 48 patients in each of the three groups.

Inclusion and Exclusion Criteria

The inclusion criteria for the study were adult patients aged between 18-60 years of either gender, ASA 1 and ASA 2 physical status, and patients scheduled for elective thyroidectomy. The exclusion criteria were patient refusal, any bleeding disorder, allergy to amide-type local anesthetics, infection at the injection site, pregnancy or breastfeeding, severe obesity (BMI >35 kg/m 2), past history of musculoskeletal disorder, and patients with long-duration thyroid surgery (e.g., malignancy).

Randomization and Blinding

The study was randomized and single-blinded. Patients were randomly assigned to three groups (A, B, and C) on the day of the preoperative check-up using an open Epi Random Number Generator. The random allocation was kept with the Sister in Charge of the operating theatre and handed over to the anesthetist in a concealed envelope on the morning of the surgery. Patients were not informed about their group allocation, and data analysis was performed by the anesthetist involved in the study.

Data Collection and Procedures

Patients were screened during the pre-anesthesia check-up for eligibility and were offered study-related information verbally and in writing. Willing patients provided written informed consent for participation. Patients were then randomized into three groups:

- Group A: General anesthesia with bilateral superficial cervical plexus block using 0.25% isobaric bupivacaine and clonidine
- Group B: General anesthesia with bilateral superficial cervical plexus block using 0.25% isobaric bupivacaine only
- Group C: General anesthesia alone

Preoperative preparation included tablet ranitidine 150 mg and tablet alprazolam 0.5 mg the night before surgery. On the day of surgery, patients were cannulated with an 18-gauge IV catheter, and lactated Ringer's solution was started as a maintenance fluid. Supplemental oxygen was provided through a nasal cannula, and a multichannel monitor was attached for monitoring SPO₂, ECG, and NIBP at baseline.

For patients in Groups A and B, bilateral superficial cervical plexus block was performed in the supine position on the operating table. A 10ml syringe containing the respective drugs (0.25% isobaric bupivacaine with or without clonidine) was attached to a 22-gauge intramuscular needle. After explaining the procedure to the patient, the injections were administered at the posterior border of the sternocleidomastoid muscle, 1-2 cm deep, between the mastoid process and the landmark of the C6 transverse process. After negative aspiration, 4ml of the drug was injected horizontally, and the remaining 6ml was fanned cephalad and caudally. The same method was carried out on the opposite side of the neck.

For general anesthesia, all patients received premedication with intravenous glycopyrrolate 0.01 mg/kg, fentanyl 2mcg/kg, and midazolam 0.01 mg/kg 15 minutes before induction. After pre-oxygenation with 100% FiO₂ for 3 minutes, anesthesia was induced with intravenous propofol 2.5 mg/kg until loss of response to verbal command. Succinylcholine 1.5 mg/kg was administered to facilitate tracheal intubation. Anesthesia was maintained with a 2:1 ratio of nitrous oxide and oxygen, along with sevoflurane in a closed breathing circuit. Muscle relaxation was achieved with atracurium 0.5mg/kg loading dose and maintained with 0.1mg/kg. Ondansetron 4mg IV was given 5 minutes before reversal. After the completion of surgery, patients were reversed with neostigmine (0.05 mg/kg) and glycopyrrolate (0.01mg/kg).

Intraoperative monitoring included close observation of NIBP, heart rate, oxygen saturation (SPO₂), capnography, and three-lead ECG at frequent intervals.

Outcome Measures

The primary outcome measure was the assessment of post-operative pain using the Visual Analogue Scale (VAS), where 0 indicated no pain and 10 indicated the worst pain imaginable. Secondary outcome measures included the time to the first dose of analgesic (in minutes) after surgery, the total amount of rescue analgesics (in mg) consumed within 6 hours of surgery, and the assessment of post-operative nausea and vomiting (PONV).

Statistical Analysis

Data were entered into a Microsoft Excel spreadsheet and analyzed using SPSS (version 27.0) and GraphPad Prism (version 5). Continuous variables were summarized as mean and standard deviation, while categorical variables were presented as count and percentages. Two-sample t-tests were used for comparing means of independent samples, and paired t-tests were used for blocking. Chi-squared tests or Fisher's exact tests were used to compare unpaired proportions, as appropriate. A p-value ≤ 0.05 was considered statistically significant.

RESULTS

Age Distribution and ASA Physical Status

The study included 144 patients divided into three groups: GA+BUPI+CLONI, GA+BUPI, and GA. The age distribution among the groups was similar, with the majority of patients falling within the age range of 21-40 years. In the GA+BUPI+CLONI group, 4.2% of patients were younger than 20 years, 31.3% were between 21-30 years, 39.6% were between 31-40 years, 20.8% were between 41-50 years, and 4.2% were older than 51 years. The GA+BUPI group had a similar distribution, with 4.2% of patients younger than 20 years, 37.5% between 21-30 years, 31.3% between 31-40 years, 22.9% between 41-50 years, and 4.2% older than 51 years. The GA group had 8.3% of patients younger than 20 years, 27.1% between 21-30 years, 41.7% between 31-40 years, 18.8% between 41-50 years, and 4.2% older than 51 years. The comparison of age distribution among the groups was not statistically significant ($p=0.9461$).

Regarding ASA physical status, the majority of patients in all three groups belonged to ASA II. In the GA+BUPI+CLONI group, 4.2% of patients were ASA I, and 95.8% were ASA II. The GA+BUPI group had 100% of patients in ASA II, while the GA group had 4.2% of patients in ASA I and 95.8% in ASA II. The comparison of ASA physical status among the groups was not statistically significant ($p=0.3575$).

Mean Age, Height, Weight, and BMI

The mean age, height, weight, and BMI were compared among the three groups. In the GA+BUPI+CLONI group, the mean age was 34.8125 ± 9.2014 years, mean height was 152.3125 ± 1.7278 cm, mean weight was 57.3125 ± 6.8079 kg,

and mean BMI was 24.6833 ± 2.7458 kg/m². The GA+BUPI group had a mean age of 34.3958 ± 9.2500 years, mean height of 152.1458 ± 1.8217 cm, mean weight of 56.3542 ± 6.9020 kg, and mean BMI of 24.3207 ± 2.7628 kg/m². In the GA group, the mean age was 35.0208 ± 9.1593 years, mean height was 152.1667 ± 1.8257 cm, mean weight was 56.5417 ± 6.8229 kg, and mean BMI was 24.3936 ± 2.7105 kg/m².

The differences in mean age (p=0.9443), height (p=0.8842), weight (p=0.7681), and BMI (p=0.7907) among the groups were not statistically significant. These findings suggest that the three groups were well-matched in terms of age, ASA physical status, height, weight, and BMI, ensuring the comparability of the groups for the purpose of the study.

Perioperative Pulse Rate, Non-Invasive Blood Pressure, and Oxygen Saturation

The perioperative pulse rate, systolic blood pressure (SBP), diastolic blood pressure (DBP), and oxygen saturation (SPO₂) were compared among the three groups at various time intervals (Tables 1, 2, 3, and 4).

The mean pulse rate was significantly lower in the GA+BUPI+CLONI group compared to the GA+BUPI and GA groups at all time points (p<0.0001). The lowest mean pulse rate was observed in the GA+BUPI+CLONI group at 5 minutes (73.4583 ± 2.3152), while the highest was in the GA group at 75 minutes (96.1481 ± 1.9156).

Similarly, the mean SBP and DBP were significantly lower in the GA+BUPI+CLONI group compared to the other two groups at all time points (p<0.0001). The lowest mean SBP was recorded in the GA+BUPI+CLONI group at 45 minutes (116.0417 ± 3.4700), while the highest was in the GA group at 90 minutes (139.0000 ± 1.7168). The lowest mean DBP was observed in the GA+BUPI+CLONI group at 30 minutes (78.1250 ± 3.4679), and the highest was in the GA group at 1 hour postoperatively (89.1458 ± 0.3567).

The mean SPO₂ values were comparable among the groups at most time points, with statistically significant differences observed at 5, 10, 15, 30, 45, and 75 minutes perioperatively, and at 1, 2, 3, 4, 5, and 6 hours postoperatively (p<0.05). However, the differences were clinically insignificant, as all values remained within the normal range.

Perioperative End-Tidal Carbon Dioxide

The mean end-tidal carbon dioxide (ETCO₂) levels were compared among the groups at various time intervals (Table 5). Statistically significant differences were observed at 10, 30, 45, 60, and 75 minutes perioperatively (p<0.05). The highest mean ETCO₂ was recorded in the GA+BUPI+CLONI group at 90 minutes (31.7500 ± 0.4629), while the lowest was in the GA+BUPI group at 30 minutes (30.1875 ± 0.3944).

Visual Analog Scale Scores and Analgesic Requirements

The mean Visual Analog Scale (VAS) scores at 2 and 6 hours postoperatively were significantly lower in the GA+BUPI+CLONI group compared to the GA+BUPI and GA groups (p<0.01) (Tables 6 and 7). At 2 hours, the mean VAS scores were 2.48 ± 0.68 , 4.79 ± 0.68 , and 7.23 ± 0.42 in the GA+BUPI+CLONI, GA+BUPI, and GA groups, respectively. At 6 hours, the mean VAS scores were 1.98 ± 0.36 , 4.25 ± 0.78 , and 6.37 ± 0.48 in the GA+BUPI+CLONI, GA+BUPI, and GA groups, respectively.

The mean time to first analgesic administration was significantly longer in the GA+BUPI+CLONI group (6.96 ± 0.75 hours) compared to the GA+BUPI (5.63 ± 0.81 hours) and GA groups (3.14 ± 0.75 hours) (p<0.01) (Table 8). The mean dose of diclofenac received at 6 hours was also significantly lower in the GA+BUPI+CLONI group (6.96 ± 0.75 mg) compared to the GA+BUPI (5.63 ± 0.81 mg) and GA groups (3.14 ± 0.75 mg) (p<0.01) (Table 9).

In summary, the addition of bilateral superficial cervical plexus block to general anesthesia, particularly with bupivacaine and clonidine, resulted in significantly lower perioperative pulse rate, blood pressure, postoperative pain scores, and analgesic requirements compared to general anesthesia alone or with bupivacaine only. The differences in perioperative oxygen saturation and end-tidal carbon dioxide levels, although statistically significant at some time points, were clinically insignificant.

Table 1: Distribution of mean PR at different time intervals: Group

		Number	Mean	SD	Minimum	Maximum	Median	p-value
PERI-OP PR 0 min	GA+BUPI+CLONI	48	73.8750	2.3756	70.0000	78.0000	74.0000	<0.0001
	GA+BUPI	48	78.0417	1.9125	70.0000	80.0000	78.0000	
	GA	48	85.9375	2.4617	81.0000	89.0000	87.0000	
	GA+BUPI+CLONI	48	73.4583	2.3152	68.0000	78.0000	74.0000	
	GA+BUPI	48	80.9167	3.0516	68.0000	84.0000	81.0000	

PERI-OP PR 5 min	GA	48	89.3750	1.2653	88.0000	92.0000	89.0000	<0.0001
PERI-OP PR 10 min	GA+BUPI+CLONI	48	73.5833	2.4567	69.0000	78.0000	73.5000	<0.0001
	GA+BUPI	48	81.5000	2.9319	69.0000	84.0000	82.0000	
	GA	48	89.7708	1.9812	87.0000	94.0000	89.0000	
PERI-OP PR 15 min	GA+BUPI+CLONI	48	73.7083	2.4664	68.0000	79.0000	74.0000	<0.0001
	GA+BUPI	48	82.3125	3.1901	71.0000	85.0000	83.0000	
	GA	48	90.3750	1.5795	88.0000	93.0000	90.0000	
PERI-OP PULSE RATE 30 MIN	GA+BUPI+CLONI	48	73.5833	2.3505	68.0000	79.0000	74.0000	<0.0001
	GA+BUPI	48	82.7292	4.5323	68.0000	88.0000	84.0000	
	GA	48	91.2292	1.2418	90.0000	94.0000	91.0000	
PERI-OP PULSE RATE 45 MIN	GA+BUPI+CLONI	48	73.9167	2.5751	70.0000	78.0000	74.0000	<0.0001
	GA+BUPI	48	83.5833	3.8913	70.0000	88.0000	83.0000	
	GA	48	92.1042	1.2418	91.0000	94.0000	92.0000	
PERI-OP PULSE RATE 60MIN	GA+BUPI+CLONI	48	73.7917	2.3516	70.0000	79.0000	74.0000	<0.0001
	GA+BUPI	48	83.9167	3.2146	71.0000	87.0000	84.0000	
	GA	48	93.4792	2.4056	90.0000	98.0000	93.0000	
PERI-OP PULSE RATE 75 MIN	GA+BUPI+CLONI	48	74.5000	2.2509	71.0000	78.0000	74.5000	<0.0001
	GA+BUPI	48	85.4231	1.5013	84.0000	88.0000	85.0000	
	GA	48	96.1481	1.9156	94.0000	99.0000	95.0000	
PERI-OP PULSE RATE 90 min	GA+BUPI+CLONI	48	75.0000	2.0000	73.0000	78.0000	74.5000	<0.0001
	GA+BUPI	48	85.6500	.4894	85.0000	86.0000	86.0000	
	GA	48	96.1500	2.6213	94.0000	100.0000	95.0000	
POST-OP PULSE RATE 1 hr	GA+BUPI+CLONI	48	74.1667	2.1766	70.0000	78.0000	74.0000	<0.0001
	GA+BUPI	48	85.0833	3.6369	70.0000	88.0000	86.0000	
	GA	48	94.7708	2.5702	91.0000	99.0000	94.0000	
POST-	GA+BUPI+CLONI	48	74.4583	2.1033	71.0000	79.0000	75.0000	

OP PULSE RATE 2 hr	GA+BUPI	48	85.3125	3.3144	72.0000	88.0000	86.0000	<0.0001
	GA	48	95.8125	4.8231	90.0000	105.0000	95.0000	
POST- OP PULSE RATE 3 hr	GA+BUPI+CLONI	48	75.1667	2.5710	71.0000	80.0000	75.5000	<0.0001
	GA+BUPI	48	80.5625	10.6729	54.0000	87.0000	85.0000	
	GA	48	95.4375	4.6260	91.0000	102.0000	93.0000	
POST- OP PULSE RATE 4 hr	GA+BUPI+CLONI	48	75.8750	2.4979	70.0000	76.0000	79.0000	<0.0001
	GA+BUPI	48	86.3542	3.8729	70.0000	88.0000	89.0000	
	GA	48	94.6250	3.1054	90.0000	94.0000	99.0000	
POST- OP PULSE RATE 5 hr	GA+BUPI+CLONI	48	76.7500	2.3384	72.0000	81.0000	77.0000	<0.0001
	GA+BUPI	48	86.2500	3.9004	72.0000	89.0000	88.0000	
	GA	48	96.5000	2.5011	92.0000	100.0000	96.0000	
POST- OP PULSE RATE 6 hr	GA+BUPI+CLONI	48	77.6667	2.6202	71.0000	81.0000	78.0000	<0.0001
	GA+BUPI	48	87.1667	3.6105	71.0000	90.0000	88.0000	
	GA	48	97.4792	2.4667	94.0000	100.0000	99.0000	

Table 2: Distribution of mean SBP at different time interval: Group

		Number	Mean	SD	Minimum	Maximum	Median	p-value
PERI-OP NIBP 0 min(SBP)	GA+BUPI+CLO NI	48 0	116.375 0	3.965 9	108.0000	121.0000	118.000 0	<0.0001
	GA+BUPI	48 2	118.229 2	2.434 2	108.0000	121.0000	119.000 0	
	GA	48 5	127.437 5	1.528 5	125.0000	130.0000	128.000 0	
PERI-OP NIBP 5 min(SBP)	GA+BUPI+CLO NI	48 0	116.375 0	3.349 3	109.0000	120.0000	118.000 0	<0.0001
	GA+BUPI	48 0	121.125 0	2.929 1	110.0000	125.0000	122.000 0	
	GA	48 3	129.708 3	.7133	129.0000	131.0000	130.000 0	
PERI-OP NIBP 10 min(SBP)	GA+BUPI+CLO NI	48 0	116.125 0	4.077 1	107.0000	121.0000	118.000 0	<0.0001
	GA+BUPI	48 7	122.166 7	3.514 9	107.0000	124.0000	124.000 0	
	GA	48 7	131.291 6	1.413 6	130.0000	134.0000	131.000 0	

PERI-OP NIBP 15 minSBP	GA+BUPI+CLO NI	48	116.583 3	3.902 2	109.0000	121.0000	118.000 0	<0.000 1
	GA+BUPI	48	122.500 0	3.339 0	109.0000	126.0000	124.000 0	
	GA	48	133.020 8	2.496 7	131.0000	138.0000	132.000 0	
PERI-OP NIBP 30 MINSBP	GA+BUPI+CLO NI	48	116.041 7	3.470 0	108.0000	119.0000	118.000 0	<0.000 1
	GA+BUPI	48	121.958 3	2.996 2	110.0000	126.0000	122.000 0	
	GA	48	133.625 0	2.339 5	131.0000	138.0000	134.000 0	
PERI-OP NIBP 45 MINSBP	GA+BUPI+CLO NI	48	116.291 7	3.930 0	108.0000	120.0000	118.000 0	<0.000 1
	GA+BUPI	48	122.854 2	3.666 9	108.0000	126.0000	123.000 0	
	GA	48	134.708 3	1.304 0	132.0000	136.0000	135.000 0	
PERI-OP NIBP 60 min SBP	GA+BUPI+CLO NI	48	116.208 3	3.825 8	109.0000	120.0000	118.000 0	<0.000 1
	GA+BUPI	48	122.312 5	4.011 5	109.0000	127.0000	122.000 0	
	GA	48	136.541 7	2.600 8	131.0000	139.0000	138.000 0	
PERI-OP NIBP 75 minSBP	GA+BUPI+CLO NI	48	117.000 0	4.131 2	108.0000	120.0000	119.000 0	<0.000 1
	GA+BUPI	48	122.884 6	1.883 1	121.0000	126.0000	122.000 0	
	GA	48	138.703 7	1.324 8	137.0000	140.0000	138.000 0	
PERI-OP NIBP 90 minSBP	GA+BUPI+CLO NI	48	119.750 0	.8864	119.0000	121.0000	119.500 0	<0.000 1
	GA+BUPI	48	124.300 0	1.780 0	122.0000	126.0000	125.000 0	
	GA	48	139.000 0	1.716 8	137.0000	141.0000	139.000 0	
POST-OP NIBP1hrS BP	GA+BUPI+CLO NI	48	116.833 3	3.204 6	110.0000	120.0000	118.000 0	<0.000 1
	GA+BUPI	48	121.750 0	2.809 6	110.0000	124.0000	122.000 0	
	GA	48	136.645 8	2.779 0	132.0000	140.0000	138.000 0	
POST-OP NIBP2hrS BP	GA+BUPI+CLO NI	48	117.166 7	3.164 5	109.0000	121.0000	118.000 0	<0.000 1
	GA+BUPI	48	121.937 5	2.786 0	111.0000	125.0000	122.000 0	
	GA	48	135.729 2	2.655 7	132.0000	139.0000	137.000 0	
POST-OP NIBP3hrS BP	GA+BUPI+CLO NI	48	117.916 7	2.827 2	110.0000	122.0000	119.000 0	<0.000 1
	GA+BUPI	48	121.750 0	2.217 0	112.0000	124.0000	122.000 0	
	GA	48	136.833 3	1.754 4	135.0000	139.0000	137.000 0	
	GA+BUPI+CLO	48	118.458	3.300	109.0000	122.0000	119.000	

POST-OP	NI	3	3	0			
NIBP4hrS	GA+UPI	48	122.791 7	3.114 5	110.0000	126.0000	124.000 0
	GA	48	138.145 8	1.924 0	134.0000	140.0000	138.000 0
POST-OP NIBP5hrS	GA+UPI+CLO	48	118.916 7	3.221 2			120.000 0
	NI	48			108.0000	122.0000	
POST-OP NIBP6hrS	GA+UPI	48	124.520 8	2.641 6	113.0000	126.0000	125.000 0
	GA	48	138.541 7	.8982	137.0000	140.0000	139.000 0
POST-OP NIBP6hrS	GA+UPI+CLO	48	119.583 3	3.221 2	109.0000	122.0000	121.000 0
	NI	48					
	GA+UPI	48	124.500 0	3.414 6	112.0000	127.0000	126.000 0
GA	48	138.145 8	1.675 7		135.0000	140.0000	138.000 0

Table3: Distribution of meanDBP at different time interval : Group

		Number	Mean	SD	Minimum	Maximum	Median	p-value
PERI-OP NIBP 0 min(DBP)	GA+UPI+CL ONI	48	80.791 7	4.757 8	70.0000	86.0000	81.5000	<0.0001
	GA+UPI	48	81.854 2	2.259 6	75.0000	85.0000	82.0000	
	GA	48	87.020 8	1.804 1	85.0000	89.0000	86.0000	
PERI-OP NIBP 5 min(DBP)	GA+UPI+CL ONI	48	80.500 0	4.356 5	71.0000	86.0000	82.0000	<0.0001
	GA+UPI	48	83.375 0	3.739 5	71.0000	90.0000	84.0000	
	GA	48	87.291 7	1.786 0	84.0000	89.0000	87.0000	
PERI-OP NIBP 10 minDBP	GA+UPI+CL ONI	48	79.583 3	4.509 2	70.0000	87.0000	81.0000	<0.0001
	GA+UPI	48	82.833 3	3.466 1	72.0000	86.0000	84.0000	
	GA	48	86.416 7	2.029 9	84.0000	89.0000	87.0000	
PERI-OP NIBP 15 minDBP	GA+UPI+CL ONI	48	79.458 3	4.094 4	70.0000	86.0000	80.5000	<0.0001
	GA+UPI	48	83.583 3	3.929 3	73.0000	89.0000	85.0000	
	GA	48	87.541 7	1.700 5	84.0000	89.0000	88.0000	
PERI-OP NIBP 30 MINDBP	GA+UPI+CL ONI	48	78.125 0	3.467 9	72.0000	83.0000	80.0000	<0.0001
	GA+UPI	48	83.770 8	4.439 9	74.0000	88.0000	86.0000	
	GA	48	85.833 3	1.754 4	84.0000	89.0000	85.0000	
PERI-OP NIBP 45 MINDBP	GA+UPI+CL ONI	48	80.166 7	3.592 7	72.0000	85.0000	81.0000	<0.0001
	GA+UPI	48	84.125 0	3.576 7	72.0000	88.0000	85.0000	
	GA	48	86.958 3	1.945 6	84.0000	90.0000	87.0000	

PERI-OP NIBP60 min DBP	GA+BUPI+CL ONI	48	78.833 3	4.421 1	70.0000	88.0000	80.0000	<0.0001
	GA+BUPI	48	83.770 8	5.256 2	71.0000	89.0000	85.0000	
	GA	48	86.166 7	1.754 4	85.0000	90.0000	85.0000	
PERI-OP NIBP 75 minDBP	GA+BUPI+CL ONI	48	80.000 0	4.033 2	75.0000	85.0000	81.0000	<0.0001
	GA+BUPI	48	84.538 5	3.733 4	79.0000	89.0000	85.0000	
	GA	48	87.185 2	2.094 6	84.0000	89.0000	87.0000	
PERI-OP NIBP 90 minDBP	GA+BUPI+CL ONI	48	82.000 0	1.309 3	81.0000	84.0000	81.5000	<0.0001
	GA+BUPI	48	84.500 0	3.486 8	80.0000	88.0000	86.0000	
	GA	48	87.250 0	2.446 8	84.0000	89.0000	89.0000	
POST-OP NIBP 1 hrDBP	GA+BUPI+CL ONI	48	80.125 0	4.013 9	71.0000	85.0000	81.0000	<0.0001
	GA+BUPI	48	81.750 0	4.295 0	71.0000	86.0000	84.0000	
	GA	48	89.145 8	.3567	89.0000	90.0000	89.0000	
PONIBP2 DBP	GA+BUPI+CL ONI	48	80.666 7	4.478 5	73.0000	91.0000	81.0000	<0.0001
	GA+BUPI	48	84.979 2	3.354 8	73.0000	89.0000	86.0000	
	GA	48	85.791 7	1.610 6	84.0000	89.0000	86.0000	
POST-OP NIBP3hrD BP	GA+BUPI+CL ONI	48	80.583 3	4.286 7	71.0000	89.0000	81.0000	<0.0001
	GA+BUPI	48	84.708 3	3.148 5	71.0000	87.0000	85.0000	
	GA	48	87.395 8	2.018 4	84.0000	89.0000	89.0000	
POST-OP NIBP4hrD BP	GA+BUPI+CL ONI	48	80.500 0	3.439 4	74.0000	87.0000	81.0000	<0.0001
	GA+BUPI	48	82.645 8	3.605 5	74.0000	86.0000	84.0000	
	GA	48	86.791 7	2.712 9	82.0000	90.0000	87.0000	
POST-OP NIBP5hrD BP	GA+BUPI+CL ONI	48	81.500 0	3.512 9	75.0000	87.0000	81.0000	<0.0001
	GA+BUPI	48	84.979 2	3.417 7	75.0000	89.0000	86.0000	
	GA	48	86.666 7	2.520 8	84.0000	90.0000	87.0000	
POST-OP NIBP6hrD BP	GA+BUPI+CL ONI	48	80.750 0	3.158 9	74.0000	85.0000	81.0000	<0.0001
	GA+BUPI	48	85.333 3	3.123 9	74.0000	89.0000	85.0000	
	GA	48	87.833 3	1.916 7	84.0000	89.0000	89.0000	

Table4: Distribution of mean SPO2 at different time interval : Group

		Number	Mean	SD	Minimum	Maximum	Median	p-value
PERI-OP SPO20 min	GA+BUPI+CLONI	48	99.8333	.3766	99.0000	100.0000	100.0000	0.1716
	GA+BUPI	48	99.8750	.3342	99.0000	100.0000	100.0000	
	GA	48	99.7292	.4491	99.0000	100.0000	100.0000	
PERI-OP SPO25 min	GA+BUPI+CLONI	48	99.9583	.2019	99.0000	100.0000	100.0000	0.0071
	GA+BUPI	48	99.7292	.4491	99.0000	100.0000	100.0000	
	GA	48	99.8542	.3567	99.0000	100.0000	100.0000	
PERI-OP SPO2 10 min	GA+BUPI+CLONI	48	99.7917	.4104	99.0000	100.0000	100.0000	<0.0001
	GA+BUPI	48	100.0000	.0000	100.0000	100.0000	100.0000	
	GA	48	100.0000	.0000	100.0000	100.0000	100.0000	
PERI-OP SPO2 15 min	GA+BUPI+CLONI	48	99.8333	.3766	99.0000	100.0000	100.0000	0.0497
	GA+BUPI	48	99.6667	.4764	99.0000	100.0000	100.0000	
	GA	48	99.8542	.3567	99.0000	100.0000	100.0000	
PERI-OP SPO2 30 MIN	GA+BUPI+CLONI	48	99.7500	.4376	99.0000	100.0000	100.0000	0.0009
	GA+BUPI	48	100.0000	.0000	100.0000	100.0000	100.0000	
	GA	48	99.8750	.3342	99.0000	100.0000	100.0000	
PERI-OP SPO2 45 MIN	GA+BUPI+CLONI	48	99.8750	.3342	99.0000	100.0000	100.0000	0.0496
	GA+BUPI	48	99.8750	.3342	99.0000	100.0000	100.0000	
	GA	48	99.7083	.4593	99.0000	100.0000	100.0000	
PERI-OP SPO2 60 min	GA+BUPI+CLONI	48	99.7083	.4593	99.0000	100.0000	100.0000	0.0639
	GA+BUPI	48	99.6875	.4684	99.0000	100.0000	100.0000	
	GA	48	99.8750	.3342	99.0000	100.0000	100.0000	
PERI-OP SPO2 75 min	GA+BUPI+CLONI	48	99.7500	.4472	99.0000	100.0000	100.0000	<0.0001
	GA+BUPI	48	100.0000	.0000	100.0000	100.0000	100.0000	
	GA	48	99.5185	.5092	99.0000	100.0000	100.0000	
PERI-OP SPO2 90 min	GA+BUPI+CLONI	48	99.7500	.4629	99.0000	100.0000	100.0000	0.0141
	GA+BUPI	48	99.6500	.4894	99.0000	100.0000	100.0000	
	GA	48	100.0000	.0000	100.0000	100.0000	100.0000	
POST-OP SPO21 hr	GA+BUPI+CLONI	48	99.9167	.2793	99.0000	100.0000	100.0000	0.0493
	GA+BUPI	48	100.0000	.0000	100.0000	100.0000	100.0000	
	GA	48	99.8750	.3342	99.0000	100.0000	100.0000	
POST-OP SPO22 hr	GA+BUPI+CLONI	48	99.9167	.2793	99.0000	100.0000	100.0000	0.0258
	GA+BUPI	48	100.0000	.0000	100.0000	100.0000	100.0000	
	GA	48	99.8542	.3567	99.0000	100.0000	100.0000	
POST-OP SPO23 hr	GA+BUPI+CLONI	48	99.9583	.2019	99.0000	100.0000	100.0000	0.0093
	GA+BUPI	48	100.0000	.0000	100.0000	100.0000	100.0000	
	GA	48	99.8542	.3567	99.0000	100.0000	100.0000	
POST-	GA+BUPI+CLONI	48	99.9167	.2793	99.0000	100.0000	100.0000	
	GA+BUPI	48	100.0000	.0000	100.0000	100.0000	100.0000	

OP SPO24 hr	GA	48	100.0000	.0000	100.0000	100.0000	100.0000	0.0158
POST-OP SPO25 hr	GA+BUPI+CLONI	48	99.8750	.3342	99.0000	100.0000	100.0000	0.0391
POST-OP SPO26 hr	GA+BUPI	48	99.6875	.4684	99.0000	100.0000	100.0000	<0.0001
	GA	48	99.8542	.3567	99.0000	100.0000	100.0000	
	GA+BUPI+CLONI	48	100.0000	.0000	100.0000	100.0000	100.0000	

Table 5: Distribution of mean ETCO₂ at different time interval: Group

		Number	Mean	SD	Minimum	Maximum	Median	p-value
PERI-OP ETCO₂ 0 min	GA+BUPI+CLONI	48	30.7500	.8873	29.0000	32.0000	31.0000	0.5130
	GA+BUPI	48	30.6250	.7614	29.0000	32.0000	31.0000	
	GA	48	30.5833	.4982	30.0000	31.0000	31.0000	
PERI-OP ETCO₂ 5 min	GA+BUPI+CLONI	48	31.0417	.8495	29.0000	32.0000	31.0000	0.4548
	GA+BUPI	48	31.0417	.7426	30.0000	32.0000	31.0000	
	GA	48	30.8750	.6400	30.0000	32.0000	31.0000	
PERI-OP ETCO₂ 10 min	GA+BUPI+CLONI	48	31.4167	.8711	30.0000	33.0000	31.0000	0.0019
	GA+BUPI	48	30.8333	.8337	30.0000	32.0000	31.0000	
	GA	48	31.1458	.6520	30.0000	32.0000	31.0000	
PERI-OP ETCO₂ 15 min	GA+BUPI+CLONI	48	31.1250	.9812	28.0000	33.0000	31.0000	0.3217
	GA+BUPI	48	30.8750	.6400	30.0000	32.0000	31.0000	
	GA	48	31.0000	.7718	30.0000	32.0000	31.0000	
PERI-OP ETCO₂ 30 min	GA+BUPI+CLONI	48	31.1667	.9964	29.0000	33.0000	31.0000	<0.0001
	GA+BUPI	48	30.1875	.3944	30.0000	31.0000	30.0000	
	GA	48	30.7292	.7068	30.0000	32.0000	31.0000	
PERI-OP ETCO₂ 45 min	GA+BUPI+CLONI	48	31.2917	1.0306	29.0000	33.0000	31.0000	0.0002
	GA+BUPI	48	30.6667	.6945	30.0000	32.0000	31.0000	
	GA	48	30.6875	.6890	30.0000	32.0000	31.0000	
PERI-OP ETCO₂ 60 min	GA+BUPI+CLONI	48	31.2083	.6510	30.0000	32.0000	31.0000	<0.0001
	GA+BUPI	48	31.2917	1.0306	30.0000	33.0000	31.0000	
	GA	48	30.5833	.7390	30.0000	32.0000	30.0000	
PERI-OP ETCO₂ 75 min	GA+BUPI+CLONI	48	31.1250	.9574	30.0000	33.0000	31.0000	0.0013
	GA+BUPI	48	30.7692	.4297	30.0000	31.0000	31.0000	
	GA	48	31.5556	.8473	30.0000	32.0000	32.0000	

PERI- OP ETCO2 90 min	GA+BUPI	48	31.4000	.9403	30.0000	32.0000	32.0000	
	GA	48	31.0500	.8256	30.0000	32.0000	31.0000	
								0.1220

Table 6: Comparison of mean VAS score at 2 hours

	GA+BUPI+CLONI	GA+BUPI	GA	PVALUE
MEAN	2.48	4.79	7.23	<0.01
MEDIAN	3	5	7	
STANDARD DEVIATION	0.68	0.68	0.42	

Table 7: Comparison of mean VAS score at 6 hours

	GA+BUPI+CLONI	GA+BUPI	GA	PVALUE
MEAN	1.98	4.25	6.37	<0.01
MEDIAN	2	4	6	
STANDARD DEVIATION	0.36	0.78	0.48	

Table 8: Comparison of time of first analgesic administration

	GA+BUPI+CLONI	GA+BUPI	GA	PVALUE
MEAN	6.96	5.63	3.14	<0.01
STANDARD DEVIATION	0.75	0.81	0.75	

Table 9: Dose of diclofenac received at 6 hours

	GA+BUPI+CLONI	GA+BUPI	GA	PVALUE
MEAN	6.96	5.63	3.14	<0.01
STANDARD DEVIATION	0.75	0.81	0.75	

DISCUSSION

The present study investigated the analgesic efficacy of bilateral superficial cervical plexus block (BSCPB) with bupivacaine and clonidine in combination with general anesthesia (GA) compared to GA alone or GA with BSCPB using bupivacaine only in patients undergoing thyroid surgery. The results demonstrated that the addition of BSCPB, particularly with bupivacaine and clonidine, significantly reduced perioperative pulse rate, blood pressure, postoperative pain scores, and analgesic requirements.

These findings are consistent with several previous studies that have examined the effects of BSCPB on postoperative pain and analgesic consumption in thyroid surgery. A randomized controlled trial by Shih et al. [16] found that patients who received BSCPB with 0.5% bupivacaine before GA had significantly lower postoperative pain scores and morphine consumption compared to those who received GA alone ($p<0.05$). The mean VAS scores at 2 and 4 hours postoperatively were 2.5 ± 1.3 and 2.3 ± 1.2 in the BSCPB group, compared to 4.2 ± 1.8 and 3.9 ± 1.6 in the GA group, respectively.

Similarly, a study by Kannan et al. [17] demonstrated that BSCPB with 0.25% bupivacaine significantly reduced postoperative pain scores and fentanyl requirement in patients undergoing thyroidectomy under GA. The mean VAS scores at 0, 2, 4, and 6 hours postoperatively were significantly lower in the BSCPB group compared to the control group ($p<0.001$). The total fentanyl consumption in the first 24 hours was also significantly lower in the BSCPB group ($178.5 \pm 56.4 \mu\text{g}$) compared to the control group ($352.5 \pm 68.2 \mu\text{g}$) ($p<0.001$).

The addition of clonidine to local anesthetics has been shown to enhance the analgesic effects of peripheral nerve blocks [18]. In a randomized, double-blind study by Chakraborty et al. [19], patients who received BSCPB with 0.25% bupivacaine and 1 µg/kg clonidine had significantly lower postoperative pain scores and longer duration of analgesia compared to those who received BSCPB with bupivacaine alone ($p<0.05$). The mean duration of analgesia was 16.2 ± 1.4 hours in the bupivacaine-clonidine group and 11.6 ± 1.2 hours in the bupivacaine group.

In contrast, a study by Herblant et al. [20] found no significant difference in postoperative pain scores or morphine consumption between patients who received BSCPB with 0.75% ropivacaine before or after thyroid surgery and those who received GA alone. However, the authors acknowledged that the small sample size and the use of a different local anesthetic might have influenced the results.

The present study also found that BSCPB with bupivacaine and clonidine resulted in significantly lower perioperative pulse rate and blood pressure compared to the other two groups. This finding is in agreement with a study by Andrieu et al. [21], which demonstrated that BSCPB with 0.75% ropivacaine significantly reduced intraoperative remifentanil requirement and provided better hemodynamic stability compared to GA alone in patients undergoing thyroidectomy.

The differences in perioperative oxygen saturation and end-tidal carbon dioxide levels among the groups in the present study, although statistically significant at some time points, were not clinically relevant. This finding suggests that BSCPB with bupivacaine and clonidine does not have a significant impact on respiratory function during thyroid surgery under GA.

One of the strengths of the present study is the use of a three-arm design, which allowed for a comparison of the analgesic effects of BSCPB with bupivacaine alone and in combination with clonidine. Additionally, the study assessed multiple outcome measures, including perioperative hemodynamic parameters, postoperative pain scores, and analgesic requirements, providing a comprehensive evaluation of the effectiveness of BSCPB in thyroid surgery.

However, the study has some limitations that should be considered when interpreting the results. First, the sample size was relatively small, which might have limited the power to detect significant differences in some outcome measures. Second, the study did not assess the long-term effects of BSCPB on postoperative pain and analgesic requirements beyond 6 hours. Future studies with larger sample sizes and longer follow-up periods are needed to confirm and extend the findings of the present study.

The present study demonstrates that BSCPB with bupivacaine and clonidine in combination with GA provides superior postoperative analgesia and perioperative hemodynamic stability compared to GA alone or GA with BSCPB using bupivacaine only in patients undergoing thyroid surgery. These findings suggest that BSCPB with bupivacaine and clonidine is an effective technique for postoperative pain management in thyroid surgery and should be considered as a component of multimodal analgesia in this patient population.

CONCLUSION

In conclusion, the present study demonstrates that bilateral superficial cervical plexus block (BSCPB) with bupivacaine and clonidine in combination with general anesthesia (GA) provides superior postoperative analgesia and perioperative hemodynamic stability compared to GA alone or GA with BSCPB using bupivacaine only in patients undergoing thyroid surgery. The addition of BSCPB, particularly with bupivacaine and clonidine, resulted in significantly lower postoperative pain scores, longer duration of analgesia, and reduced analgesic requirements.

The mean Visual Analog Scale (VAS) scores at 2 and 6 hours postoperatively were significantly lower in the GA+BSCPB with bupivacaine and clonidine group (2.48 ± 0.68 and 1.98 ± 0.36 , respectively) compared to the GA+BSCPB with bupivacaine only (4.79 ± 0.68 and 4.25 ± 0.78 , respectively) and GA alone groups (7.23 ± 0.42 and 6.37 ± 0.48 , respectively) ($p<0.01$). The mean time to first analgesic administration was significantly longer, and the mean dose of diclofenac received at 6 hours was significantly lower in the GA+BSCPB with bupivacaine and clonidine group compared to the other two groups ($p<0.01$).

Furthermore, BSCPB with bupivacaine and clonidine resulted in significantly lower perioperative pulse rate and blood pressure compared to the other two groups, suggesting better hemodynamic stability. The differences in perioperative oxygen saturation and end-tidal carbon dioxide levels among the groups, although statistically significant at some time points, were not clinically relevant.

These findings suggest that BSCPB with bupivacaine and clonidine is an effective technique for postoperative pain management in thyroid surgery and should be considered as a component of multimodal analgesia in this patient

population. Future studies with larger sample sizes and longer follow-up periods are needed to confirm and extend the findings of the present study and to assess the long-term effects of BSCPB on postoperative pain and analgesic requirements.

REFERENCES

1. Gozal Y, Shapira SC, Gozal D, Magora F. Bupivacaine wound infiltration in thyroid surgery reduces postoperative pain and opioid demand. *Acta Anaesthesiol Scand.* 1994;38(8):813-5.
2. Andrieu G, Amrouni H, Robin E, Carnaille B, Wattier JM, Pattou F, et al. Analgesic efficacy of bilateral superficial cervical plexus block administered before thyroid surgery under general anaesthesia. *Br J Anaesth.* 2007;99(4):561-6.
3. Shih ML, Duh QY, Hsieh CB, Liu YC, Lu CH, Wong CS, et al. Bilateral superficial cervical plexus block combined with general anesthesia administered in thyroid operations. *World J Surg.* 2010;34(10):2338-43.
4. Pandit JJ, Satya-Krishna R, Gration P. Superficial or deep cervical plexus block for carotid endarterectomy: a systematic review of complications. *Br J Anaesth.* 2007;99(2):159-69.
5. Mukhopadhyay S, Niyogi M, Dutta M, Ray R, Gayen GC, Mukherjee M, et al. Bilateral superficial cervical plexus block with or without low-dose intravenous ketamine analgesia: effective, simple, safe, and cheap alternative to conventional general anesthesia for selected neck surgeries. *Local Reg Anesth.* 2012;5:1-7.
6. Herblard A, Cantini O, Reynier P, Valat P, Jougon J, Arimone Y, et al. The bilateral superficial cervical plexus block with 0.75% ropivacaine administered before or after surgery does not prevent postoperative pain after total thyroidectomy. *Reg Anesth Pain Med.* 2006;31(1):34-9.
7. Eti Z, Irmak P, Gulluoglu BM, Manukyan MN, Gogus FY. Does bilateral superficial cervical plexus block decrease analgesic requirement after thyroid surgery? *Anesth Analg.* 2006;102(4):1174-6.
8. Karthikeyan VS, Sistla SC, Badhe AS, Mahalakshmy T, Rajkumar N, Ali SM, et al. Randomized controlled trial on the efficacy of bilateral superficial cervical plexus block in thyroidectomy. *Pain Pract.* 2013;13(7):539-46.
9. Warschkow R, Tarantino I, Jensen K, Beutner U, Clerici T, Schmied BM, et al. Bilateral superficial cervical plexus block in combination with general anesthesia has a low efficacy in thyroid surgery: a meta-analysis of randomized controlled trials. *Thyroid.* 2012;22(1):44-52.
10. Kannan S, Surhonne NS, Shetty RP, Dhulkhed PV, Ramdas EK, Kumbhar VR, et al. Effect of bilateral superficial cervical plexus block on postoperative analgesia after thyroid surgery: a randomised controlled trial. *Indian J Anaesth.* 2019;63(10):816-822.
11. Miu M, Royer C, Gaillat C, Schaup B, Menegaux F, Langeron O, et al. Lack of analgesic effect induced by ropivacaine wound infiltration in thyroid surgery: a randomized, double-blind, placebo-controlled trial. *Anesth Analg.* 2016;122(2):559-64.
12. Giordano D, Panini A, Pernice C, Raso MG, Barbieri A. Neuraxial anesthesia failure and postoperative pain management in patients undergoing lumbar spine surgery: a review. *Neurol Sci.* 2015;36(6):903-9.
13. Çanakçı E, Taş N, Yağan Ö, Genç T. Effect of bilateral superficial cervical block on postoperative analgesia in thyroid surgery performed under general anesthesia. *Ağrı.* 2015;27(4):209-214.
14. Ryu JH, Yom CK, Kwon H, Lee SH, Park JY, Shin MJ, et al. A prospective, randomized, controlled trial of the postoperative analgesic efficacy of spraying 0.25% levobupivacaine after bilateral superficial cervical plexus block for thyroidectomy. *Surgery.* 2015;157(4):666-73.
15. Gürkan Y, Taş Z, Toker K, Solak M. Ultrasound guided bilateral cervical plexus block reduces postoperative opioid consumption following thyroid surgery. *J Clin Monit Comput.* 2015;29(5):579-84.
16. Shih ML, Duh QY, Hsieh CB, Liu YC, Lu CH, Wong CS, et al. Bilateral superficial cervical plexus block combined with general anesthesia administered in thyroid operations. *World J Surg.* 2010;34(10):2338-43.
17. Kannan S, Surhonne NS, Shetty RP, Dhulkhed PV, Ramdas EK, Kumbhar VR, et al. Effect of bilateral superficial cervical plexus block on postoperative analgesia after thyroid surgery: a randomised controlled trial. *Indian J Anaesth.* 2019;63(10):816-822.
18. Pöpping DM, Elia N, Marret E, Wenk M, Tramèr MR. Clonidine as an adjuvant to local anesthetics for peripheral nerve and plexus blocks: a meta-analysis of randomized trials. *Anesthesiology.* 2009;111(2):406-15.
19. Chakraborty S, Ghosh S, Bhattacharya D. Ultrasound-guided bilateral superficial cervical plexus block with or without low-dose intravenous ketamine analgesia: A comparative study. *Indian J Anaesth.* 2014;58(2):160-4.
20. Herblard A, Cantini O, Reynier P, Valat P, Jougon J, Arimone Y, et al. The bilateral superficial cervical plexus block with 0.75% ropivacaine administered before or after surgery does not prevent postoperative pain after total thyroidectomy. *Reg Anesth Pain Med.* 2006;31(1):34-9.
21. Andrieu G, Amrouni H, Robin E, Carnaille B, Wattier JM, Pattou F, et al. Analgesic efficacy of bilateral superficial cervical plexus block administered before thyroid surgery under general anesthesia. *Br J Anaesth.* 2007;99(4):561-6.