24-Feb-26

COVER LETTER

To:
Protocol Registration and Results System (PRS) Team
ClinicalTrials.gov
U.S. National Library of Medicine

Subject: Clinical Trial Registration Submission

Dear Sir/Madam,

I am submitting our study titled **"Comparison Of Postoperative Analgesia In Landmark Guided Erector Spinae Plane Block V/S Subcostal Transversus Abdominis Plane Block In Laparoscopic Cholecystectomy: A Randomized Controlled Trial"** for registration on ClinicalTrials.gov.

This is a prospective, randomized controlled trial to be conducted at Patel Hospital, Karachi, Pakistan. The objective of this study is to compare the postoperative analgesic efficacy of landmark-guided erector spinae plane block versus subcostal transversus abdominis plane block in adult patients undergoing elective laparoscopic cholecystectomy.

The study protocol adheres to Good Clinical Practice (GCP) guidelines. Ethical approval will be obtained from the Ethical Review Committee of Patel Hospital and CPSP prior to participant enrollment. Written informed consent will be obtained from all study participants.

We kindly request registration of this clinical trial and assignment of a ClinicalTrials.gov Identifier. Please let us know if any additional information or documentation is required.

Sincerely,
Dr. Kulsoom Mehmood
Principal Investigator
Patel Hospital, Karachi, Pakistan

CONSENT FORM

Project Title: COMPARISON OF POSTOPERATIVE ANALGESIA IN LANDMARK GUIDED ERECTOR SPINAE PLANE BLOCK V/S SUCOSTAL TRANSVERSUS ABDOMINIS PLANE BLOCK IN LAPAROSCOPIC CHOLECYSTECTOMY; A RANDOMIZED CONTROLLED TRIAL.

Principal Investigator: Dr. Kulsoom Mehmood

1. I confirm that I have read and understand the subject information sheet for the above study and have had the opportunity to ask questions which have been answered fully.

2. I understand that my participation is voluntary and I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

3. I understand that sections of any of my medical notes may be looked at by responsible individuals or regulatory authorities where it is relevant to my taking in this research. I give permission to these individual to access my records that are relevant to this research.

4. I agree to take part in the above study.

Name of Patient _____

MR no. _____

Signature_____

Date _____

Name of person taking consent _____

Signature _____

Date _____