

# High-flow nasal oxygen (HFNO) in high-risk cardiac surgical patients

<b>Submission date</b> 15/07/2015	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 16/07/2015	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 11/07/2018	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

High-risk patients with lung disease who have heart (cardiac) surgery are at significant risk of developing complications after surgery (postoperative complications) leading to a prolonged hospital stay. One way of reducing the risk of lung complications is to treat patients with non-invasive ventilation or continuous positive airways pressure after their surgery. However, this often requires admission to a high dependency unit or intensive care, and is uncomfortable because of the need for a tight fitting mask, as well as being labour intensive and costly. High-flow nasal oxygen is a new alternative as it provides warmed humidified oxygen at high flow, and also has been shown to assist breathing and improve recovery. It is comfortable during use and indeed may be more comfortable than standard (dry) oxygen via a facemask or nasal prongs. It may be given on a normal ward, however its routine use in high-risk patients with lung conditions such as asthma, chronic obstructive pulmonary disease, recent chest infections and heavy smokers has not been tested before. The aim of this study is to determine if prophylactic high-flow nasal oxygen therapy in cardiac surgical patients at high risk of developing postoperative pulmonary complications is associated with a shorter hospital stay.

### Who can participate?

Adults (over 18) undergoing cardiac surgery and are at risk of developing respiratory complications after surgery.

### What does the study involve?

Before surgery, each participant performs a six-minute walking test under the supervision of a physiotherapist. This simple test measures how far patients can walk in six minutes. Additionally, patients have spirometry testing which is used to assess how well the lungs work by measuring how much air the patient inhales and exhales and how quickly they exhale. Patients then have their surgery under general anaesthesia. After the operation, they are looked after following the study recovery protocols, which includes pain relief, regular physiotherapy, early mobilisation and eating and drinking, and removal of chest drains and tubes as soon as possible. On arrival in the critical care area after their surgery, participants are randomly assigned to one of two groups. Those in group 1 are given supplemental oxygen via a soft facemask (control group). Those in group 2 are given supplemental oxygen via high-flow nasal cannulae (intervention group). Participants are given oxygen for at least 24 hours after surgery. Participants who

develop breathing difficulty receive treatment based on their clinical need. On the fifth or sixth day after surgery, they all do the walking test and spirometry test again. A short questionnaire is used to determine if there is any difference in how the participants feel they have recovered before they leave hospital and how quickly they returned to normal activities after discharge, and also to evaluate how they tolerated either the facemask or high flow nasal cannulae.

What are the possible benefits and risks of participating?

Not provided at time of registration

Where is the study run from?

Papworth Hospital NHS Trust (UK)

When is the study starting and how long is it expected to run for?

September 2015 to March 2017

Who is funding the study?

Fisher & Paykel Healthcare Limited

Who is the main contact?

Miss Fiona Bottrill

## Contact information

**Type(s)**

Public

**Contact name**

Miss Fiona Bottrill

**Contact details**

Papworth Hospital NHS Foundation Trust

Papworth Everard

Cambridge

United Kingdom

CB23 3RE

## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**

19338

## Study information

**Scientific Title**

A randomised controlled trial of high-flow nasal oxygen (Optiflow™) and standard oxygen therapy in high-risk patients after cardiac surgery

### **Study objectives**

Patients post cardiac surgery are at risk of respiratory complications, and consequently prolonged length of hospital stay, delayed recovery and poorer outcomes. The incidence of respiratory complications is increased in patients with previous respiratory disease such as asthma or chronic obstructive pulmonary disease (COPD), or current smokers. Our hypothesis is that prophylactic use of nasal high flow oxygen in high risk cardiac surgical patients for 24 hours after surgery will reduce the length of hospital stay and improve functional patient reported recovery. Improved functional recovery may be associated with fewer respiratory complications and may subsequently lead to earlier discharge from hospital.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

NRES Committee East Midlands – Derby, 15/06/2015, ref: 15/EM/0251

### **Study design**

Randomised; Interventional; Design type: Treatment

### **Primary study design**

Interventional

### **Secondary study design**

Randomised controlled trial

### **Study setting(s)**

Hospital

### **Study type(s)**

Treatment

### **Participant information sheet**

Not available in web format, please use contact details to request a participant information sheet

### **Health condition(s) or problem(s) studied**

Topic: Cardiovascular disease; Subtopic: Cardiovascular (all Subtopics); Disease: Cardiac Surgery

### **Interventions**

Before surgery, each participant performs a six-minute walking test under the supervision of a physiotherapist. This simple test measures how far patients can walk in six minutes. Additionally, patients have spirometry testing which is used to assess how well the lungs work by measuring how much air the patient inhales and exhales and how quickly they exhale. Patients then have their surgery under general anaesthesia. After the operation, they are looked after following the study recovery protocols, which includes pain relief, regular physiotherapy, early mobilisation and eating and drinking, and removal of chest drains and tubes as soon as possible. On arrival in the critical care area after their surgery, participants are randomly assigned to one of two groups. Those in group 1 are given standard supplemental oxygen therapy (soft oxygen mask or

nasal cannulae) (control group). Those in group 2 are given supplemental oxygen via high-flow nasal cannulae (intervention group). Participants are given oxygen for at least 24 hours after surgery. Participants who develop breathing difficulty receive treatment based on their clinical need. On the fifth or sixth day after surgery, they all do the walking test and spirometry test again. A short questionnaire is used to determine if there is any difference in how the participants feel they have recovered before they leave hospital and how quickly they returned to normal activities after discharge, and also to evaluate how they tolerated either the facemask or high flow nasal cannulae.

**Intervention Type**

Other

**Phase**

Phase II

**Primary outcome measure**

Hospital length of stay (days)

**Secondary outcome measures**

1. Early postoperative functional recovery, determined by 6 minute walk test (6MWT)
2. Early postoperative lung function, tested by spirometry
3. Intensive care unit (ICU) length of stay (days)
4. Requirement for escalation of respiratory support and ICU re-admission

**Overall study start date**

01/09/2015

**Completion date**

31/03/2017

**Eligibility****Key inclusion criteria**

1. Aged over 18 years
2. Undergoing elective cardiac surgery (coronary artery bypass grafting, valve surgery or both)
3. One or more patient related risk factor for postoperative pulmonary complications (COPD, asthma, lower respiratory tract infection in last 4 weeks, body mass index=35 kg/m<sup>2</sup> current (last 6 weeks) heavy smokers (> 10 pack years))
4. Capable of performing a 6MWT. The 6MWT is a clinical exercise test, and is popular in clinical practice because it aids clinical decision making, and because of the belief that it provides a better estimate of functional capacity than resting cardiorespiratory measurements. The 6MWT is the most popular clinical exercise test, which is used for postoperative evaluation after lung surgery and has also been validated in cardiac surgery

**Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

18 Years

**Sex**

Both

**Target number of participants**

Planned Sample Size: 74; UK Sample Size: 74

**Key exclusion criteria**

1. Contraindication to high flow nasal oxygen such as nasal septal defect
2. Not met extubation criteria by 10am the day after surgery (Day 1)
3. Need for CPAP preoperatively

**Date of first enrolment**

01/09/2015

**Date of final enrolment**

28/02/2017

**Locations****Countries of recruitment**

England

United Kingdom

**Study participating centre**

**Papworth Hospital NHS Trust**

Clinical Trials

Papworth Hospital NHS Foundation Trust

Papworth Everard

Cambridge

United Kingdom

CB23 3RE

**Sponsor information****Organisation**

Papworth Hospital NHS Trust

**Sponsor details**

Papworth Everard

Cambridge

England

United Kingdom  
CB3 8RE

**Sponsor type**

Hospital/treatment centre

**ROR**

<https://ror.org/01qbebb31>

## Funder(s)

**Funder type**

Industry

**Funder Name**

Fisher & Paykel Healthcare Limited

## Results and Publications

**Publication and dissemination plan**

The aim is to publish the study results by 01/12/2017.

**Intention to publish date**

01/12/2017

**Individual participant data (IPD) sharing plan**

The datasets generated during and/or analysed during the current study are/will be available upon request.

**IPD sharing plan summary**

Available on request

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Basic results</a>		16/03/2018	11/07/2018	No	No
<a href="#">HRA research summary</a>			28/06/2023	No	No