

Effect of early mobilisation on respiratory complications following abdominal surgery

Submission date 11/02/2008	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 11/04/2008	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 26/04/2016	Condition category Surgery	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
sm110208/00

Study information

Scientific Title

Effect of post-operative early mobilisation on pulmonary complications and hospital stay: a randomised trial

Study objectives

Early mobilisation is used by many centres around the country, with physiotherapists hypothesising that movement will encourage deeper breaths due to increasing oxygen demand, improve muscle strength and patient confidence, reduce post-operative pulmonary complications (PPCs) and ultimately reduce length of stay. The aim of this study is to establish whether goal oriented early post-operative mobilisation would reduce post-operative pulmonary complications and reduce hospital length of stay in patients who have had elective abdominal surgery.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Pending as of 12/02/2008: Ethics committee requires investigators to have registered with ISRCTN before considering their applications.

Study design

Parallel-group, single blinded, single centre, randomised clinical trial

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 the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied

Elective upper and lower gastrointestinal (GI) surgery

Interventions

1. Control group: routine post-operative physiotherapy
2. Intervention group: routine post-operative physiotherapy and goal directed mobilisation

Patients will be encouraged to achieve progressive mobility goals as shown:

1. Up to sit out of bed
2. Mobilise 5 m assisted
3. Mobilise 20 m assisted
4. Mobilise 40 m independently

Each patient will be treated once each day, unless clinical need indicates further respiratory intervention. All patients will be reviewed for a minimum of 7 days post operatively, and until they have returned to their previous level of function.

Intervention Type

Procedure/Surgery

Phase

Not Specified

Primary outcome measure

1. Post-operative pulmonary complications: both the number of patients with these complication and the severity will be taken into account
2. Pulmonary function tests: the forced expiratory volume in one second (FEV1) and forced vital capacity (FVC) will be collected pre-operatively and post-operatively on days 3, 5 and prior to hospital discharge

Secondary outcome measures

1. HDU stay
2. Hospital stay

Overall study start date

01/05/2008

Completion date

01/05/2009

Eligibility**Key inclusion criteria**

1. Elective patients
- 2 Abdominal surgery
3. Booked in High Dependency Unit (HDU)
4. Ability to give written informed consent prior to study participation
- 5 Male or female patients over 18 years old
6. Ability to communicate with the study personnel and to comply with the study requirements
7. Ability to mobilise (freely or with walking aid)
8. American Society of Anaesthesiologists (ASA) grade 1 - 3 inclusive

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

200 (100 in each group - upper and lower GI surgery)

Key exclusion criteria

1. Inability to communicate with the study personnel and to comply with the study requirements (mobility)
2. Unable to give consent
3. Under 18 years of age
4. Patients admitted to Intensive Care Unit (ICU) prior to HDU
5. Patients with impaired mobility (bed bound or wheel chair bound)
6. ASA grade 4 or above

Date of first enrolment

01/05/2008

Date of final enrolment

01/05/2009

Locations**Countries of recruitment**

Scotland

United Kingdom

Study participating centre

Dundee University and Medical School

Dundee

United Kingdom

DD1 9SY

Sponsor information**Organisation**

University of Dundee (UK)

Sponsor details

Ninewells Hospital

Ninewells Avenue

Dundee

Scotland

United Kingdom

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Sponsor type

University/education

Website

<http://www.dundee.ac.uk/>

ROR

<https://ror.org/03h2bxq36>

Funder(s)

Funder type

Government

Funder Name

Chief Scientist Office

Alternative Name(s)

CSO

Funding Body Type

Government organisation

Funding Body Subtype

Local government

Location

United Kingdom

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration