

Does drinking a small amount of anti-foam before endoscopy improve the views obtained?

Submission date 30/09/2005	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 30/09/2005	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 10/09/2012	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

Contact name
Dr B J Rembacken

Contact details
Gastroenterology
Clarendon Wing
Leeds General Infirmary
Leeds
United Kingdom
LS1 3EX
+44 (0)113 243 2799

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
N0436118041

Study information

Scientific Title

Study objectives

We will undertake a prospective, double-dummy controlled study to determine:

1. Are the endoscopic views improved significantly with the use of anti-foam pre-medication?
2. Can the endoscopic examination be carried out quicker with the use antifoam pre-medication?
3. Are we able to detect more significant abnormalities with the use of antifoam pre-medication?

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design

Randomised controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Not specified

Study type(s)

Treatment

Participant information sheet

Health condition(s) or problem(s) studied

Surgery: Anaesthesia

Interventions

Anti-foam before endoscopy vs standard practice.

Intervention Type

Procedure/Surgery

Phase

Not Specified

Primary outcome measure

Improved endoscopic views of gastric mucosa. Patient opinion on the pre-medication drink, duration of the endoscopy as measured from intubation to extubation, the endoscopists views of the areas of the upper digestive tract will be assessed, rating of the amount of mucosa seen

without having to resort to washing the area, independent rating of the proportion of mucosa obscured by bubbles or mucus, endoscopic findings.

Secondary outcome measures

Not provided at time of registration

Overall study start date

30/06/2002

Completion date

30/12/2005

Eligibility

Key inclusion criteria

All patients able to give informed consent and referred for upper digestive endoscopy at lower gastrointestinal (LGI).

Participant type(s)

Patient

Age group

Not Specified

Sex

Not Specified

Target number of participants

200

Key exclusion criteria

Ventilated patients, patients with dysphagia or unable to swallow a mouthful of liquid for any reason, patients already included in a separate endoscopy study will not be recruited.

Date of first enrolment

30/06/2002

Date of final enrolment

30/12/2005

Locations

Countries of recruitment

England

United Kingdom

Study participating centre

Gastroenterology

Leeds

United Kingdom

LS1 3EX

Sponsor information

Organisation

Department of Health

Sponsor details

Richmond House

79 Whitehall

London

United Kingdom

SW1A 2NL

+44 (0)20 7307 2622

dhmail@doh.gsi.org.uk

Sponsor type

Government

Website

<http://www.dh.gov.uk/Home/fs/en>

Funder(s)

Funder type

Government

Funder Name

Leeds Teaching Hospitals NHS Trust (UK) NHS R&D Support Funding

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