

Maintaining and improving skills in fiberoptic intubation

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| Submission date 29/09/2006 | Recruitment status No longer recruiting | <input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol |
| Registration date 29/09/2006 | Overall study status Completed | <input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results |
| Last Edited 27/01/2015 | 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
N0265105787

Study information

Scientific Title

Maintaining and improving skills in fiberoptic intubation

Study objectives

How frequently do anaesthetists need to perform fiberoptic intubation in order to maintain or improve their endoscopy skills?

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)

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

Surgery: Anaesthesia

Interventions

Specifically for research purposes.

45 consultant anaesthetists, based at University Hospital Birmingham, who have performed few or no fiberoptic intubations over the last 3 years, will be studied. Each one will perform 15 fiberoptic orotracheal intubations with a videoendoscope, in elective surgical patients, ASA groups 1 or 11, who need orotracheal intubation as part of their anaesthetic management, under the supervision of an anaesthetist experienced in the technique. Each patient will receive a standard anaesthetic induction and will be treated with isoflurane in 100% oxygen for 2-3 minutes before intubation. The instructor will give demonstrations, advice, feedback guidance and direct assistance as necessary. The time taken for the fibrescope tip to pass from the mouth to the carina will be noted and recorded. If the oxygen saturation falls below 97% at any time, or the ECG or BP readings fall outside normal limits or if there is any cause for concern about the patient's safety or if the consultant under refresher training is unable to complete the endoscopy within 60 seconds, the instructor will take over and complete the intubation. When the first 15 endoscopies have been performed, learning curves will be constructed for each anaesthetist.

Each anaesthetist will then be randomly allocated to one of three groups. The first group of anaesthetists will perform one intubation every three months, the second group will perform one intubation per month and the third group will perform one intubation per week, again under the supervision of an experienced endoscopist, under the conditions described previously. After one year, each member of each group will then perform a further 15 intubations under the same conditions as before.

The group learning curves will be compiled and compared. The statistical analysis will be performed by Craig Ramsay, Senior Statistician, Health Services Research Unit, University of Aberdeen and will determine which group's skills (if any) have improved, remained stable or deteriorated.

Intervention Type

Procedure/Surgery

Phase

Not Specified

Primary outcome measure

Not provided at time of registration

Secondary outcome measures

Not provided at time of registration

Overall study start date

22/02/2002

Completion date

22/02/2008

Eligibility**Key inclusion criteria**

The anaesthetists involved will all be consultants based at University Hospital Birmingham. They will be those who have performed few or no fiberoptic intubations over the last 3 years, but who have a strong desire to develop and maintain proficiency in this field.

The patients involved will be elective general, orthopaedic, plastic, gynaecological, ENT or maxillofacial surgical patients, ASA group 1 or 11, aged 16 to 65, who require orotracheal intubation as part of their anaesthetic management and who give informed consent.

Participant type(s)

Patient

Age group

Not Specified

Sex

Not Specified

Target number of participants

45 consultant anaesthetists

Key exclusion criteria

Patients with morbid obesity, oesophageal reflux or expected to present difficult intubation will not be included.

Date of first enrolment

22/02/2002

Date of final enrolment

22/02/2008

Locations**Countries of recruitment**

England

United Kingdom

Study participating centre

Selly Oak Hospital

Birmingham

United Kingdom

B29 6JD

Sponsor information**Organisation**

Record Provided by the NHSTCT Register - 2006 Update - Department of Health

Sponsor details

The Department of Health, Richmond House, 79 Whitehall

London

United Kingdom

SW1A 2NL

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Sponsor type

Government

Website

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

Funder(s)

Funder type

Hospital/treatment centre

Funder Name

University Hospital Birmingham NHS Trust (UK)

Funder Name

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