

The Peri-Operative Epidural Trial pilot study

Submission date 26/09/2005	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 26/09/2005	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 19/06/2009	Condition category Circulatory System	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

ClinicalTrials.gov (NCT)

NCT00221260

Protocol serial number

MCT-73644

Study information

Scientific Title

Peri-operative epidural in patients with moderate or high risk for cardiorespiratory events who are undergoing non-cardiothoracic surgery: a randomised controlled trial

Acronym

POET

Study objectives

Enrolling patients into the above study is still feasible in the current clinical setting.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics approval received from the Clinical Research Ethics Board of the University of British Columbia on the 31st March 2005.

Study design

Randomised controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Postoperative cardio-respiratory complications

Interventions

Control:

Intraoperative general anesthesia and postoperative intravenous narcotic analgesia.

Intervention:

Intraoperative neuraxial (epidural or spinal) ± general anesthesia and postoperative epidural analgesia.

Trial details received: 12 September 2005

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

Rates of enrolment, follow-up, and crossover.

Key secondary outcome(s)

1. Combined 30-day outcome of all-cause mortality, nonfatal myocardial infarction, cardiac arrest, postoperative pneumonia, and respiratory failure
2. Other clinical outcomes: deep vein thrombosis, pulmonary embolism, transient ischemic

attacks, stroke, and congestive heart failure during first 30 post-operative days

3. Safety outcomes: clinically significant bradycardia or hypotension

Completion date

30/04/2006

Eligibility

Key inclusion criteria

Any patient undergoing non-cardiopulmonary surgery who:

1. Is greater than or equal to 45 years old, either sex
2. Has an expected length of stay greater than or equal to 48 hours
3. Is undergoing a procedure amenable to postoperative epidural analgesia
4. Fulfils any six criteria for moderate to high cardiorespiratory risk

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

1. Is pregnant or planning to become pregnant before surgery
2. Has a contraindication to epidural analgesia
3. Had a prior adverse reaction to local anesthetics or narcotics
4. Had coronary artery bypass graft surgery with complete revascularisation in the preceding 5 years and has no evidence of cardiac ischemia since the procedure
5. Has pneumonia in the preoperative period
6. Is intubated or mechanically ventilated prior to surgery
7. Has concomitant life-threatening disease likely to limit life expectancy to less than 30 days

Date of first enrolment

01/05/2005

Date of final enrolment

30/04/2006

Locations

Countries of recruitment

Canada

Study participating centre
University of British Columbia
Vancouver
Canada
V5Z 4E3

Sponsor information

Organisation

Vancouver Coastal Health Research Institute, University of British Columbia (Canada)

ROR

<https://ror.org/03rmrcq20>

Funder(s)

Funder type

Research organisation

Funder Name

Canadian Institutes of Health Research (CIHR) (Canada) - <http://www.cihr-irsc.gc.ca> (ref: MCT-73644)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	Results	01/06/2009		Yes	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes