The effect of pre- and post-operative supplemental enteral nutrition in high-risk patients undergoing elective cardiac surgery. A prospective randomised placebo controlled double blind multicentre trial.

Submission date	Recruitment status No longer recruiting	Prospectively registered		
27/01/2006		☐ Protocol		
Registration date 27/01/2006	Overall study status Completed	Statistical analysis plan		
		[X] Results		
Last Edited	Condition category	[] Individual participant data		
26/08/2009	Surgery			

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

NCT00247793

Secondary identifying numbers

NTR450; 96.17.066

Study information

Scientific Title

Acronym

IMPACT II

Study objectives

The effects of a pre-operative supplemental enteral feeding with IMPACT® on the systemic inflammatory response to cardiopulmonary bypass and on immunological parameters will be examined.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Received from local medical ethics committee

Study design

Multicentre prospective randomised double blind placebo controlled parallel group trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Health condition(s) or problem(s) studied

High risk patients undergoing elective cardiac surgery

Interventions

All patients receive an oral nutritional supplement for at least 5 days with a maximum of 10 days before their operation in addition to their normal diet. One treatment group received a supplement that was enriched with arginine, omega-3 PUFAs and nucleotides compared to the control. The other treatment group received a supplement that was further enriched with

glycine compared with the first treatment group. Patients that needed enteral nutrition postoperatively received a formula that was comparable with the pre-operative supplement.

Intervention Type

Procedure/Surgery

Phase

Not Specified

Primary outcome measure

Postoperative morbidity e.g. infectious morbidity and organ (dys)function

Secondary outcome measures

Immunological parameters (inflammatory response) ICU and hospital stay of length

Overall study start date

01/05/1996

Completion date

01/11/1997

Eligibility

Key inclusion criteria

Patients aged ≥70 years undergoing coronary bypass grafting, or pre-operative fraction <0.40 or patients undergoing mitral valve replacements or combinations

Participant type(s)

Patient

Age group

Senior

Sex

Both

Target number of participants

74

Key exclusion criteria

- 1. Age <21 years
- 2. Pregnancy
- 3. Insulin dependent diabetes mellitus
- 4. Hepatic cirrhosis
- 5. Known malignancy
- 6. Use of chemotherapy, NSAIDs or corticosteroids
- 7. Schizophrenia
- 8. Severe renal failure
- 9. Patients with organ transplantation in the past

Date of first enrolment 01/05/1996

Date of final enrolment 01/11/1997

Locations

Countries of recruitment

Nether lands

Study participating centre Academic Medical Center Amsterdam Netherlands 1105 AZ

Sponsor information

Organisation

Academic Medical Centre (AMC) (Netherlands)

Sponsor details

Department of Intensive Care P.O. Box 22660 Amsterdam Netherlands 1105 AZ

Sponsor type

Hospital/treatment centre

ROR

https://ror.org/03t4gr691

Funder(s)

Funder type

Industry

Funder Name

Novartis (Switzerland)

Alternative Name(s)

Novartis AG, Novartis International AG

Funding Body Type

Government organisation

Funding Body Subtype

For-profit companies (industry)

Location

Switzerland

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

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/09/2001		Yes	No