

Prevention of kidney failure using N-acetylcystein and sodium bicarbonate in patients undergoing aortic aneurysm repair.

Submission date 03/11/2009	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 27/11/2009	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 27/11/2009	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
CHUM 08.110

Study information

Scientific Title

Impact of N-acetylcystein and sodium bicarbonate administration on the prevention of contrast media-induced nephropathy in endovascular aortic aneurysm repair. A prospective, randomised, placebo-controlled trial.

Acronym

NACASRI

Study objectives

The hypothesis underlying this trial is that perioperative intravenous hydration with sodium bicarbonate with perioperative administration of N-Acetylcystein can reduce the incidence of post operative renal failure by 30%, by reducing the incidence of contrast media-induced nephropathy.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved by the Research Ethics Committee of CHUM (Comité d'éthique de la recherche du Centre Hospitalier de l'Université de Montréal [CHUM]), Canada on December 18th 2008 (ref: 08.110)

Study design

Prospective randomised double blind placebo controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Prevention

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

Aortic surgery. Renal failure.

Interventions

Patients will be randomly allocated, according to a computer-generated list, to one of two groups:

- A. Group NB (N-acetylcystein plus sodium bicarbonate)
- B. Group S (N-acetylcystein plus Saline).

1. Fifteen minutes before the induction of general anaesthesia, on the day of the surgery, patients in both groups will receive 150 mg/kg IV N-Acetylcystein diluted in 500 ml of normal saline.
2. N-Acetylcystein 1200 mg PO will be given again at 9:00 PM the evening of the surgery and will be given twice (BID) for the first post operative day. It will then be discontinued.
3. Also, one hour prior to the injection of contrast media, which means at the time of induction of general anesthesia, patients in group NS will receive an infusion of sodium bicarbonates (154 MEq/L sodium bicarbonates diluted in 1L of Dextrose 5% in water) at the rate of 3 ml/kg/h, for one hour. This infusion will be continued in these patients at the rate of 1 ml/kg/h for the entire duration of the surgery, until 6 hours post operatively, after which it will be stopped. Patients in group S will receive, at the same infusion rate, a placebo (normal saline).

Intervention Type

Procedure/Surgery

Phase

Not Applicable

Primary outcome measure

1. the incidence of post operative renal failure;
2. the incidence of post operative renal failure requiring dialysis in the first 30 days following surgery;

Secondary outcome measures

The 30-day mortality of patients who had such a surgery.

Overall study start date

01/01/2009

Completion date

01/01/2011

Eligibility

Key inclusion criteria

1. Patients between 18 and 85 years old.
2. Patients undergoing an elective endovascular aortic repair surgery.
3. ASA I-IV inclusively (ASA: American Society of Anesthesiologists).

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

We will collect data from 60 patients in two years.

Key exclusion criteria

1. Patient refusal.
2. Patients who were exposed to contrast media in the last 14 days.
3. Patients presenting with acute renal failure on the day of surgery, as indicated by an increase of 25% or more in serum creatinine from baseline values.
4. History of kidney transplant.
5. Patients with terminal renal failure, treated with dialysis.

Date of first enrolment

01/01/2009

Date of final enrolment

01/01/2011

Locations**Countries of recruitment**

Canada

Study participating centre

3840 rue St-Urbain

Montreal

Canada

H2W1T8

Sponsor information**Organisation**

University of Montreal Hospital Centre (Centre hospitalier de l'Université de Montréal [CHUM])
(Canada)

Sponsor details

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Sponsor type

Hospital/treatment centre

ROR

<https://ror.org/0410a8y51>

Funder(s)

Funder type

Hospital/treatment centre

Funder Name

University of Montreal Hospital Centre (Centre hospitalier de l'Université de Montréal [CHUM])
(Canada) - Dept of Pharmacology

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