# Prospective, randomised trial comparing fluids and dobutamine optimisation of oxygen delivery in high-risk surgical patients

Submission date Recruitment status Prospectively registered 27/03/2006 No longer recruiting [ ] Protocol [ ] Statistical analysis plan Registration date Overall study status 30/03/2006 Completed [X] Results [ ] Individual participant data Last Edited Condition category Circulatory System 26/03/2008

Plain English summary of protocol

Not provided at time of registration

# Contact information

Type(s)

Scientific

Contact name

Prof Suzana Lobo

#### Contact details

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# Additional identifiers

**EudraCT/CTIS** number

IRAS number

ClinicalTrials.gov number

**Secondary identifying numbers** 2611/2002

# Study information

#### Scientific Title

#### Study objectives

We aimed to investigate the effect of oxygen delivery index (DO2I) optimisation with fluids versus with fluids and dobutamine on 60-day hospital mortality and incidence of complications.

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Ethics approval received from the local medical ethics board on the 13th May 2002 (ref: 2611 /2002).

## 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

# Health condition(s) or problem(s) studied

High-risk patients undergoing prolonged surgery

#### Interventions

Therapy consisted of pulmonary artery catheter (PAC)-guided haemodynamic optimisation during the operation and 24 hours postoperatively, using either fluids alone or fluids and dobutamine with the aim of achieving supranormal values (oxygen delivery index [DO2I] greater than 600 ml/min/m^2).

#### Intervention Type

Drug

#### Phase

**Not Specified** 

# Drug/device/biological/vaccine name(s)

Dobutamine

#### Primary outcome measure

To evaluate the effect of both DO2I optimisation with fluids compared to with fluids and dobutamine on 60-day mortality in high-risk general surgery patients.

#### Secondary outcome measures

The incidence of complications, particularly adverse cardiovascular events.

#### Overall study start date

13/05/2002

#### Completion date

31/05/2004

# **Eligibility**

#### Key inclusion criteria

Patients older than 18 years old undergoing elective surgeries with greater than or equal to three points according to a risk scoring system adapted from the American College of Cardiology (ACC) or the American Heart Association (AHA) guidelines

#### Participant type(s)

**Patient** 

#### Age group

Adult

#### Lower age limit

18 Years

#### Sex

Both

## Target number of participants

98

## Key exclusion criteria

- 1. Refusal of consent
- 2. Haemodynamic instability prior to surgery
- 3. Congestive heart failure
- 4. Presence of infection
- 5. Acute myocardial ischaemia prior to enrolment
- 6. Life expectancy lower than 60 days
- 7. Disseminated malignancy

#### Date of first enrolment

13/05/2002

#### Date of final enrolment

31/05/2004

# Locations

#### Countries of recruitment

Brazil

Study participating centre Av Faria Lima 5416 São Paulo Brazil 15091/000

# Sponsor information

#### Organisation

Faculty of Medicine of São José do Rio Preto (FAMERP) Foundation (Brazil)

#### Sponsor details

Av. Brigadeiro Faria Lima, 5416 Vila São Pedro São Paulo Brazil 15091/000

#### Sponsor type

Hospital/treatment centre

#### **ROR**

https://ror.org/052e6h087

# Funder(s)

#### Funder type

Hospital/treatment centre

#### **Funder Name**

Faculty of Medicine of Sao Jose do Rio Preto Foundation (Fundacao Faculdade de Medicina de Sao Jose do Rio Preto [FAMERP] - Hospital de Base) (Brazil)

# **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	01/07/2006		Yes	No