

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

Submission date 27/03/2006	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 30/03/2006	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 26/03/2008	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

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15091/000

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/m²).

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