

# Prenatal treatment of Lower Urinary Tract Obstruction

<b>Submission date</b> 28/04/2005	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 21/09/2005	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 02/08/2017	<b>Condition category</b> Neonatal Diseases	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Fetal bladder outflow obstruction is a rare condition where an unborn baby (fetus) is unable to pass urine due to a blockage of the tube called the urethra. This may cause permanent damage to the baby's kidneys and can lead to poor lung development and physical deformities such as clubfoot. About half of the babies diagnosed with this problem before birth will die either before birth or in the newborn period. For several years, vesico-amniotic shunting has been offered as a treatment to relieve the obstruction. A vesico-amniotic shunt is a tube that is inserted into the unborn baby's bladder to drain the excess fluid. However, there is only weak evidence that it improves survival and kidney function in those treated. The aim of this study is to find out whether vesico-amniotic shunting improves outcomes for fetal bladder outflow obstruction.

### Who can participate?

Fetuses with bladder outflow obstruction

### What does the study involve?

Following an ultrasound diagnosis of fetal bladder outflow obstruction, the fetuses are randomly allocated to either receive a vesico-amniotic shunt or continue with conservative treatment without a shunt. Termination and miscarriage rates, survival, and bladder and kidney function are assessed at 4 - 6 weeks and 12 months, and continence is assessed at 5 years.

### What are the possible benefits and risks of participating?

This study is a crucial step in establishing whether this procedure has a place in future fetal medicine practice.

### Where is the study run from?

University of Birmingham (UK)

### When is the study starting and how long is it expected to run for?

September 2005 to September 2018

Who is funding the study?  
NIHR Health Technology Assessment Programme (UK)

Who is the main contact?  
Prof. Mark Kilby  
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## Contact information

**Type(s)**  
Scientific

**Contact name**  
Prof Mark Kilby

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## Additional identifiers

**Protocol serial number**  
HTA 07/01/44; NN3007

## Study information

**Scientific Title**  
A multi-centre randomised controlled trial comparing intra-uterine vesico-amniotic shunting versus not shunting in the treatment of congenital bladder outflow obstruction

**Acronym**  
PLUTO

**Study objectives**  
Does intra-uterine vesico-amniotic shunting for fetal bladder outflow obstruction improve perinatal morbidity and mortality in fetuses, compared to conservative management?

More details can be found at: <http://www.nets.nihr.ac.uk/projects/hta/070144>  
Protocol can be found at: [http://www.nets.nihr.ac.uk/\\_\\_data/assets/pdf\\_file/0018/51741/PRO-07-01-44.pdf](http://www.nets.nihr.ac.uk/__data/assets/pdf_file/0018/51741/PRO-07-01-44.pdf)

**Ethics approval required**  
Old ethics approval format

**Ethics approval(s)**

Nottingham Research Ethics Committee 2, January 2005, ref: 04/Q2404/89

**Study design**

Randomised controlled trial

**Primary study design**

Interventional

**Study type(s)**

Treatment

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

Congenital bladder outflow obstruction

**Interventions**

Fetal vesico-amniotic shunt versus no shunt.

**Intervention Type**

Other

**Phase**

Not Applicable

**Primary outcome(s)**

Perinatal mortality rates and renal function at 4 - 6 weeks and 12 months measured via:

1. Serum creatinine
2. Renal ultrasound
3. Need for dialysis/transplant

**Key secondary outcome(s)**

Not provided at time of registration

**Completion date**

30/09/2018

**Eligibility****Key inclusion criteria**

Mother:

1. Written informed consent given
2. Able to understand information provided (use of interpreter may be required)
3. Singleton pregnancy

Foetus:

1. Evidence of bladder outflow obstruction from ultrasound imaging
2. No major extra genitourinary anomalies present

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Neonate

**Sex**

All

**Key exclusion criteria**

Additional major structural or chromosomal anomaly

**Date of first enrolment**

01/09/2005

**Date of final enrolment**

31/12/2011

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

University of Birmingham

Birmingham

United Kingdom

B15 2TG

## Sponsor information

**Organisation**

University of Birmingham (UK)

**ROR**

<https://ror.org/03angcq70>

## Funder(s)

**Funder type**

Government

**Funder Name**

Health Technology Assessment Programme

**Alternative Name(s)**

NIHR Health Technology Assessment Programme, Health Technology Assessment (HTA), HTA

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

**Location**

United Kingdom

**Funder Name**

Wellbeing of Women (UK)

**Alternative Name(s)****Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Trusts, charities, foundations (both public and private)

**Location**

United Kingdom

## Results and Publications

**Individual participant data (IPD) sharing plan****IPD sharing plan summary****Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	02/11/2013		Yes	No
<a href="#">Results article</a>	results	01/12/2013		Yes	No

<a href="#">Protocol article</a>	protocol	01/07/2007		Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes