

# The effect of Continuous Positive Airway Pressure (CPAP) on the collapsed lung during single-lung-ventilation in patients undergoing robot-assisted thoracoscopic esophageal resection: pulmonary complications, local and systemic cytokine production

<b>Submission date</b> 28/04/2006	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 28/04/2006	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 28/04/2006	<b>Condition category</b> Cancer	<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

**Protocol serial number**

N/A

## Study information

### Scientific Title

### Acronym

COCTAIL

### Study objectives

Continuous positive airway pressure on the deflated lung prevents total alveolar collapse, resulting in less local and systemic cytokine response, causing less pulmonary complications.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Ethics approval received from the local medical ethics committee

### Study design

Randomised controlled trial

### Primary study design

Interventional

### Study type(s)

Treatment

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

Esophageal cancer

### Interventions

Continuous Positive Airway Pressure (CPAP) to the collapsed lung during single-lung-ventilation versus no CPAP.

### Intervention Type

Other

### Phase

Not Specified

### Primary outcome(s)

Local and systemic cytokine production.

### Key secondary outcome(s)

1. Pulmonary complications
2. Ventilation time
3. Intensive care unit (ICU) stay
4. Hospital stay

**Completion date**

05/04/2008

## Eligibility

**Key inclusion criteria**

1. Patients with resectable carcinoma of the esophagus or junction that will undergo robot-assisted thoracoscopic esophago-lymphadenectomy with gastric conduit formation
2. American Society of Anesthesiologists (ASA) classification <4
3. Written informed consent

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

1. Moderate/severe lung function impairment ascertained by pulmonary function tests, requiring high dose steroid therapy
2. No epidural catheter

**Date of first enrolment**

05/04/2006

**Date of final enrolment**

05/04/2008

## Locations

**Countries of recruitment**

Netherlands

**Study participating centre**

University Medical Center Utrecht (UMCU)

Utrecht

Netherlands

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## Sponsor information

**Organisation**

University Medical Center Utrecht (UMCU), Department of Surgery (The Netherlands)

**ROR**

<https://ror.org/0575yy874>

**Funder(s)****Funder type**

Research organisation

**Funder Name**

Comprehensive Cancer Centre (Integraal Kankercentrum)

**Results and Publications****Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration