

# The greater omental flap to cover the cut surface of the liver for prevention of delayed gastric emptying after left-sided hepatobiliary resection

<b>Submission date</b> 12/01/2010	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 19/01/2010	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 20/01/2010	<b>Condition category</b> Surgery	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<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

### Contact name

Dr Tsuyoshi Igami

### Contact details

65, Tsurumai-cho, Showa-ku

Nagoya

Japan

466-8550

igami@med.nagoya-u.ac.jp

## Additional identifiers

### Protocol serial number

N/A

## Study information

### Scientific Title

The greater omental flap to cover the cut surface of the liver for prevention of delayed gastric emptying after left-sided hepatobiliary resection: a prospective randomised controlled trial

### **Study objectives**

The use of the greater omental flap to cover the cut surface of the liver is effective in reducing the incidence of delayed gastric emptying (DGE) after left-sided hepatobiliary resection.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

The Human Research Review Committee of the Nagoya University Hospital approved on the 21st May 2007

### **Study design**

Prospective randomised controlled trial

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

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

Delayed gastric emptying

### **Interventions**

Patients were randomised to undergo left-sided hepatobiliary resection

1. With greater omental flap to cover the cut surface of the liver
2. Without greater omental flap

### **Intervention Type**

Procedure/Surgery

### **Phase**

Not Applicable

### **Primary outcome(s)**

Clinical grading of DGE based on the International Study Group of Pancreatic Surgery (ISGPS) classification. DGE was classified with regard to the duration of naso-gastric tube (NGT) requirement and/or need for re-insertion of NGT, and the postoperative day (POD) when solid food intake was tolerated after surgery. To assess DGE, once solid food intake was stabilised, a radiopaque marker was administered. Abdominal X-rays were taken 1, 2, 3, 4, 5, and 6 hours after the administration of the marker.

### **Key secondary outcome(s)**

No secondary outcome measures

### **Completion date**

31/12/2008

# Eligibility

## Key inclusion criteria

Patients scheduled to undergo left-sided hepatobiliary resection for cholangiocarcinoma at the Nagoya University Hospital

## Participant type(s)

Patient

## Healthy volunteers allowed

No

## Age group

Adult

## Sex

All

## Key exclusion criteria

1. Patients scheduled to undergo other gastrointestinal resection, including hepatopancreaticoduodenectomy
2. Previous gastrointestinal resection
3. Aged over 20 years, either sex

## Date of first enrolment

01/06/2007

## Date of final enrolment

31/12/2008

# Locations

## Countries of recruitment

Japan

## Study participating centre

65, Tsurumai-cho, Showa-ku

Nagoya

Japan

466-8550

# Sponsor information

## Organisation

Nagoya University Graduate School of Medicine (Japan) - Division of Surgical Oncology,  
Department of Surgery

**ROR**

<https://ror.org/00ndx3g44>

## Funder(s)

**Funder type**

University/education

**Funder Name**

Nagoya University Graduate School of Medicine (Japan) - Division of Surgical Oncology,  
Department of Surgery

## Results and Publications

**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?
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes