

# Haemodynamic protocols in traumatology

<b>Submission date</b> 15/06/2008	<b>Recruitment status</b> Stopped	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 31/07/2008	<b>Overall study status</b> Stopped	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
<b>Last Edited</b> 09/03/2016	<b>Condition category</b> Musculoskeletal Diseases	<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

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

N/A

## Study information

Scientific Title

The feasibility, the implementation and the influence on patient outcome of an intra-operative goal-directed haemodynamic protocol and post-operative directives in comparison to conventional treatment in cemented and uncemented hemiarthroplasty of femoral neck fractures: a pilot study

### **Study objectives**

Primary hypothesis:

The use of an intra-operative goal-directed haemodynamic protocol and post-operative directives reduces the incidence of delirium in comparison to conventional treatment in cemented and uncemented hemiarthroplasty of femoral neck fractures.

Secondary hypothesis 1:

The use of an intra-operative goal-directed haemodynamic protocol and post-operative directives peri-operatively reduces the occurrence of pulmonary, renal and cardiovascular dysfunction and the incidence of infections and improves quality of life in comparison to conventional treatment without influence of the kind of fixation in cemented and uncemented hemiarthroplasty of femoral neck fractures.

Secondary hypothesis 2:

The use of an intra-operative goal-directed haemodynamic protocol and post-operative directives is feasible with a low rate of protocol violations to reach a high implementation rate.

### **Ethics approval required**

Old ethics approval format

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

Ethics Committee of Charité - University Medicine Berlin, 11/03/2008

### **Study design**

Prospective randomised double-blinded two-arm single-centre trial

### **Primary study design**

Interventional

### **Secondary study design**

Randomised controlled trial

### **Study setting(s)**

Hospital

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

Treatment

### **Participant information sheet**

Not available in web format, please use the contact details below to request a patient information sheet

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

Hemiarthroplasty of femoral neck fractures

### **Interventions**

1. Targeted-volume application guided by oesophageal Doppler; only during the primary operation
2. Post-operative directives versus conventional volume application; only during the time the patient is in the intensive care unit (ICU)/intermediate care unit (IMCU) to finish post-operative directives (POD) 0 on the first post-operative day one at 8 am.

The follow-up will be up hospital discharge or up to the 30th post-operative day. The patient will be contacted 90 days after the operation.

**Intervention Type**

Other

**Phase**

Not Applicable

**Primary outcome measure**

Peri-operative incidence of delirium, examined the whole time during the hospital stay of the patient.

**Secondary outcome measures**

1. Frequency of alcohol and drug abuse in patients undergoing femoral neck repair, examined directly after inclusion of the patient in the study
2. Peri-operative incidence of pulmonary, renal and cardiovascular dysfunction and of protocol violations, examined the whole time during the hospital stay of the patient
3. Post-operative incidence of infections, examined the whole time during the hospital stay of the patient
4. Quality of life (measured using the EuroQoL instrument), examined after inclusion in the study and 90 days after the operation

**Overall study start date**

15/06/2008

**Completion date**

30/12/2011

**Reason abandoned (if study stopped)**

Lack of staff/facilities/resources

## Eligibility

**Key inclusion criteria**

1. Aged greater than or equal to 60 years, either sex
2. Written informed consent of the patient
3. Anamnestically two or more years post-menopausal or surgically sterile
4. Patients with dislocated femoral neck fracture which is not older than 24 hours and will be operated within the next 24 hours

**Participant type(s)**

Patient

**Age group**

Senior

**Sex**

Both

**Target number of participants**

40

**Key exclusion criteria**

1. Aged less than 60 years
2. No written consent from patient
3. Inability to communicate safely in German
4. Unwillingness to allow storage and sharing of anonymised disease data in the context of the clinical study
5. Simultaneous participation of the patient in another study or having been in a study which was terminated less than one month ago and not planned within the next three months
6. Accommodation in an institution due to an official or judicial order
7. Members of staff of the Charité
8. Advanced disease of the oesophagus or nasopharyngeal cavity
9. Operations in the area of the oesophagus or nasopharynx within the last two months
10. Liver disease (Child B or C cirrhosis, End-Stage Liver Disease [MELD] score greater than 10)
11. Condition after acute or chronic pancreatitis
12. History of bleeding tendency
13. Von Willebrands disease
14. Neurological or psychiatric disease
15. Chronic heart failure New York Heart Association (NYHA) class IV
16. American Society of Anaesthesiologists (ASA) classification greater than III
17. Renal failure (serum creatinine greater than 2.0 mg/dl or greater than 150 µmol/l or dependency of haemodialysis)
18. Existence of a pulmonary oedema in the preoperative chest x-ray
19. Allergy to hydroxyethyl starch or other ingredients of the intravenous solutions
20. History of intracranial haemorrhage within one year

**Date of first enrolment**

15/06/2008

**Date of final enrolment**

30/12/2011

**Locations****Countries of recruitment**

Germany

**Study participating centre**

**Charité - University Medicine Berlin (Charité - Universitätsmedizin Berlin)**  
Berlin  
Germany  
10117

## Sponsor information

### Organisation

Charité - University Medicine Berlin (Charité - Universitätsmedizin Berlin) (Germany)

### Sponsor details

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10117

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anaesthesie-virchow-klinikum@charite.de

### Sponsor type

University/education

### Website

<http://www.charite.de/>

### ROR

<https://ror.org/001w7jn25>

## Funder(s)

### Funder type

University/education

### Funder Name

Charité Universitätsmedizin Berlin

### Alternative Name(s)

Medical School - Charité - University Medicine Berlin

### Funding Body Type

Private sector organisation

### Funding Body Subtype

For-profit companies (industry)

**Location**  
Germany

## **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