

# Effect of 3% gelatin solution on kidney function in patients after thyroid gland removal

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<b>Registration date</b> 08/04/2021	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 10/12/2021	<b>Condition category</b> Surgery	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

In recent years much research has focused on the harmful effects of colloids used in patients hospitalized in the Intensive Care Unit (ICU). Only a few researchers have addressed the problem of the adverse effects of gelatin given during the surgical procedure. The optimal fluid therapy before surgery is intended to maintain a euvolemic state (the normal amount of body fluids) and replenish the possible fluid losses associated with surgery. It ensures the proper function of the circulatory system, optimal tissue perfusion and kidney function. Maintaining balanced fluid therapy is extremely difficult – the fluid type, volume, and rate of administration have to be adjusted to the type of surgery, its duration, preoperative fluid deficits, potential fluid losses, and the patients' other illnesses. The level of kidney injury molecule-1 (KIM-1) is low in healthy people and usually undetectable in the urine, but it increases markedly within hours following kidney injury. Therefore, the aim of this study is to investigate the effect of the gelatin solution used during a thyroidectomy (surgical removal of all or part of the thyroid gland) on kidney function using the urinary KIM-1 (uKIM-1) level.

### Who can participate?

Patients aged 18-80 undergoing partial or total thyroidectomy

### What does the study involve?

Participants are randomly allocated to one of three groups. The patients from the first group A (experimental) receive 3% gelatin solution at a dose of 30 ml/kg body weight during the first hour of the procedure and then an isotonic multi-electrolyte solution at a dose of 15 ml/kg body weight/hour. The patients from the second group B (experimental) receive 3% gelatin solution at a dose of 15 ml/kg body weight during the first hour of the procedure and then the isotonic multi-electrolyte solution at a dose of 15 ml/kg body weight/hour. The patients from the third group C (control) receive an active-controlled intervention in the form of isotonic multi-electrolyte solution at a dose of 30 ml/kg body weight during the first hour of the procedure and then the isotonic multi-electrolyte at a dose of 15 ml/kg body weight/hour. The following parameters are assessed: changes in the uKIM-1 level determined from urine samples; changes in the serum creatinine level determined from blood; and the level of selected vital signs.

What are the possible benefits and risks of participating?

The main general purpose of the study is prevention in terms of assuring proper kidney function and preventing kidney damage. All patients will be carefully monitored regarding possible adverse events such as allergic reaction to local anesthetics, technical difficulties of the blockade, or hematoma.

Where is the study run from?

1. 4th Military Hospital of Wroclaw (Poland)
2. Wroclaw Medical University (Poland)

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

April 2013 to December 2014

Who is funding the study?

Investigator initiated and funded

Who is the main contact?

Dr Patrycja Leśnik  
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## Contact information

### Type(s)

Public

### Contact name

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## **Additional identifiers**

### **Clinical Trials Information System (CTIS)**

Nil known

### **ClinicalTrials.gov (NCT)**

Nil known

### **Protocol serial number**

Nil known

## **Study information**

### **Scientific Title**

Evaluation of the efficacy of 3% gelatin solution at a dose of 15 ml/kg versus a dose of 30 ml/kg body weight during the first hour of the thyroidectomy procedure on renal function based on urinary kidney injury molecule-1

### **Study objectives**

This study proves that the urinary kidney injury molecule-1 (uKIM-1) level could be an early and sensitive biomarker of kidney injury. Renal toxicity of the gelatin solution evaluated based on the uKIM-1 level, correlates with the administered volume of fluid. Restrictive fluid therapy with the 3% gelatin solution seems to be safe in patients without underlying kidney injury undergoing surgery.

### **Ethics approval required**

Old ethics approval format

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

Approved 23/05/2013, Bioethics Committee of the Wroclaw Medical University (Pasteura 1, 50-367 Wroclaw, Poland; +48 (0)71 784 10 14; bioetyka@umed.wroc.pl), ref: KB-283/2013

### **Study design**

Multicenter interventional double-blinded randomized controlled trial

### **Primary study design**

Interventional

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

Treatment

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

Renal function after thyroidectomy

## **Interventions**

The project is performed in the Department of Anesthesiology and Intensive Care of the University Hospital of Wroclaw in Poland. Adult patients of both sexes qualified for planned thyroidectomy procedures are included in the study.

Patients are randomly assigned to three comparison groups who receive a different dose of 3% gelatin solution during the thyroidectomy procedure.

The patients from the first group A (experimental) receive an anesthesiologic intervention in the form of 3% gelatin solution (Geloplasma, Fresenius Kabi, Poland) at a dose of 30 ml/kg body weight during the first hour of the procedure and then the isotonic multi-electrolyte solution (Isolyte®, Fresenius Kabi, Poland) at a dose of 15 ml/kg body weight/hour.

The patients from the second group B (experimental) receive an anesthesiologic intervention in the form of 3% gelatin solution (Geloplasma®, Fresenius Kabi, Poland) at a dose of 15 ml/kg body weight during the first hour of the procedure and then the isotonic multi-electrolyte solution (Isolyte®, Fresenius Kabi, Poland) at a dose of 15 ml/kg body weight/hour.

The patients from the third group C (control) receive an active-controlled intervention in the form of isotonic multi-electrolyte Solution (Isolyte®, Fresenius Kabi, Warsaw, Poland) at a dose of 30 ml/kg body weight during the first hour of the procedure and then the isotonic multi-electrolyte solution (Isolyte®, Fresenius Kabi, Warsaw, Poland) at a dose of 15 ml/kg body weight/ hour.

The person performing the above-mentioned experimental procedures is the same anesthesiologist with at least 5 years of professional expertise.

In order to monitor the intensity of pain and possible verifying the treatment, the patient's documentation are routinely recorded: haemodynamic stability of the patient during the procedure (heart rate, blood pressure - data were obtained from the anaesthesia protocol), the intensity of pain, the need for the supply of coanalgesics and the number of complications and side effects.

Clinical parameters such as heart rate (continuous measurement), arterial blood saturation (continuous measurement), systolic, and diastolic pressure (measurement every 5 minutes) are collected from the anaesthesia protocol.

The creatinine level is measured and urine samples are taken to determine the initial concentration of uKIM-1 during a routine examination before the surgery and then 2 and 24 hours after the surgery. Urine samples of 15 ml are collected in urinary cups and centrifuged at 2000-3000 rpm for 20 minutes, and the supernatant is kept at -72 °C. The quantitative determination of uKIM-1 is performed using an enzyme-linked immunoassay (ELISA) kit supplied by R&D Systems Inc. (Minneapolis, USA).

## **Intervention Type**

Procedure/Surgery

## **Primary outcome(s)**

1. Changes in the urinary kidney injury molecule-1 (uKIM-1) level determined from urine samples using an enzyme-linked immunoassay (ELISA) method at baseline, postoperative 2 hours, and 24 hours
2. Changes in the serum creatinine level determined from venous blood samples using laboratory methods at baseline, postoperative 2 hours, and 24 hours

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

The level of selected vital signs (heart rate, blood pressure, SaO<sub>2</sub>) in the clinical monitoring of hemodynamic stability and anaesthesia effectiveness at baseline, intraoperative every 15 minutes of the procedure, and postoperative 15 minutes, 30 minutes, 45 minutes, and 60 minutes

### **Completion date**

31/12/2014

## **Eligibility**

### **Key inclusion criteria**

1. Patients qualified for partial or total thyroidectomy
2. Age between 18-80 years old
3. ASA (American Society of Anesthesiologist Physical Status Classification System) score of I or II
4. The lack of contraindications for the administration of 3% gelatin solution (gelatin allergy)
5. The lack of blood coagulation disorders and the lack of allergy to anaesthetic agents
6. The obtained informed and written consent to participate in the study

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Lower age limit**

18 years

### **Upper age limit**

80 years

### **Sex**

All

### **Total final enrolment**

76

### **Key exclusion criteria**

1. Age < 18 years old and > 80 years old
2. ASA (American Society of Anesthesiologist Physical Status Classification System) score of III or IV

3. Impaired renal function prior to the surgery (serum creatinine >1.3 mg/dl)
4. Undergoing immunosuppressive therapy
5. Contraindications for the administration of 3% gelatin solution (gelatin allergy)
6. Coagulation disorders as a contraindication for anaesthesia
7. Allergy to local anaesthetics
8. The lack of obtained informed and written consent to participate in the study

**Date of first enrolment**

01/02/2014

**Date of final enrolment**

30/11/2014

## **Locations**

**Countries of recruitment**

Poland

**Study participating centre**

**4th Military Hospital of Wroclaw**

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## **Sponsor information**

**Organisation**

4th Military Hospital of Wroclaw

## **Funder(s)**

**Funder type**

Other

**Funder Name**

Investigator initiated and funded

## **Results and Publications**

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Patrycja Leśnik (patrycja.lesnik@gmail.com).

## IPD sharing plan summary

Available on request

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		08/12/2021	10/12/2021	Yes	No