# Post-operative oxygen delivery in patients undergoing major non-cardiac surgery to reduce morbidity

Submission date Recruitment status Prospectively registered 22/01/2010 No longer recruiting [ ] Protocol Statistical analysis plan Registration date Overall study status 15/03/2010 Completed [X] Results [ ] Individual participant data Last Edited Condition category 12/07/2021 Surgery

## Plain English summary of protocol

Not provided at time of registration

## Contact information

#### Type(s)

Scientific

#### Contact name

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## Additional identifiers

Protocol serial number UK NIHR CSP 22346

## Study information

Scientific Title

Prospective randomised controlled trial of post-operative optimisation of oxygen delivery in patients undergoing major non-cardiac surgery to reduce morbidity

#### Acronym

POM-O

#### **Study objectives**

Enhancing oxygen delivery to a pre-determined target immediately post-operatively reduces post-operative morbidity and length of hospital stay in high risk surgical patients.

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Outer South East London REC - South London REC Office (4), 29/12/2009, ref: 09/H0805/58

#### Study design

Two-centre randomised double-blind placebo-controlled trial

#### Primary study design

Interventional

#### Study type(s)

Treatment

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

Post-operative morbidity

#### Interventions

Patients randomised to undergo fluid with/without inotropic support (goal-directed therapy) to achieve pre-defined oxygen delivery target for 6 hours immediately post-operatively.

#### Intervention Type

Procedure/Surgery

#### Phase

Not Applicable

#### Primary outcome(s)

Reduction in post-operative morbidity on day 3 post-operatively as defined by the Post-Operative Morbidity Survey (POMS)

## Key secondary outcome(s))

Measured pre-operatively and at 1, 2, 5 and 8 days post-operatively:

- 1. Immune, bioenergetic, microcirculatory and cellular correlates associated with development of post-operative morbidity
- 2. Length of hospital stay

## Completion date

01/03/2013

## **Eligibility**

#### Key inclusion criteria

Patients undergoing major elective major surgical procedures that are associated with a high incidence of post-operative morbidity (abdominal/oesophageal/hepatic resection/gynaecology /urological reconstructive surgery) and who meet the following criteria:

- 1. American Society of Anaesthesiologists risk grade 3 4
- 2. Aged greater than 50 years, either sex
- 3. Greater than two risk factors defined by the Revised Cardiac Risk Index

#### Participant type(s)

Patient

#### Healthy volunteers allowed

No

#### Age group

Adult

#### Sex

ΔII

#### Key exclusion criteria

- 1. Concurrent lithium therapy (incompatible with cardiac output monitoring device)
- 2. Acute myocardial ischaemia (contraindication for inotropic support)
- 3. Acute arrhythmias (contraindication for inotropic support)
- 4. Pregnancy (lithium-based cardiac output monitoring device)
- 5. Patients receiving palliative treatment only

#### Date of first enrolment

01/03/2010

#### Date of final enrolment

01/03/2013

## Locations

#### Countries of recruitment

**United Kingdom** 

England

# Study participating centre Wolfson Institute for Biomedical Research

London United Kingdom WC1E 6BT

## Sponsor information

#### Organisation

University College London Hospitals NHS Trust (UK)

#### **ROR**

https://ror.org/042fqyp44

## Funder(s)

#### Funder type

Research organisation

#### **Funder Name**

Academy of Medical Sciences/Health Foundation (UK) - Clinician Scientist award to Dr GL Ackland

#### **Funder Name**

University College London Hospitals NHS Trust/University College London (UK) - Comprehensive Biomedical Research Centre

#### Funder Name

University College London (UK) - Centre for Anaesthesia, Critical Care and Pain Medicine

## **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?
Results article	results	01/01/2015		Yes	No
Results article	sub-study results	05/07/2021	12/07/2021	Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes