

Pulmonary inflammation during mechanical ventilation of patients with healthy lungs

Submission date 24/10/2005	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 25/10/2005	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 05/11/2008	Condition category Respiratory	<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

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
NTR135

Study information

Scientific Title

Pulmonary Inflammation during mechanical ventilation of patients with healthy lungs: High tidal volumes versus Lower tidal volumes in patients with Healthy Lungs

Acronym

HiLoHelu

Study objectives

It is hypothesised that mechanical ventilation using lower tidal volumes and positive end expiratory pressure (PEEP) causes less local inflammation in patients with healthy lungs than mechanical ventilation using traditional tidal volumes and no PEEP.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Received from the local medical ethics committee

Study design

Randomised, active controlled, parallel group trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Health condition(s) or problem(s) studied

Mechanical ventilation, complications

Interventions

Mechanical ventilation using lower tidal volumes (6 ml/kg) and 10 cm H₂O PEEP versus mechanical ventilation using traditional tidal volumes (12 ml/kg) and no PEEP. Broncholaveolar lavage at T = 0 and at T = 5 hours

Intervention Type

Other

Phase

Not Specified

Primary outcome measure

1. Local levels of cytokines
2. Neutrophil influx
3. Activation of coagulation/inhibition of fibrinolysis
4. Ex vivo stimulation of alveolar macrophages
5. Systemic levels of biomarkers of lung injury

Secondary outcome measures

No secondary outcome measures

Overall study start date

01/11/2003

Completion date

01/11/2005

Eligibility**Key inclusion criteria**

1. Patients that are scheduled for surgical procedure of greater than 5 hours
2. Healthy pulmonary condition
3. 18 years of age
4. Informed consent

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

40

Key exclusion criteria

1. Sepsis or uncontrolled infection
2. Acute lung injury (ALI) or acute respiratory distress syndrome (ARDS)
3. Pneumonia
4. Steroid-use
5. Diagnosis of asthma
6. Pulmonary fibrosis
7. Current thrombo-embolism
8. On daily medication for chronic obstructive pulmonary disease (COPD)
9. Mechanical ventilation for greater than 48 hours in the month prior to surgery
10. Pneumonectomy/lobectomy

- 11. Participation in another trial
- 12. Previous randomisation in present trial

Date of first enrolment

01/11/2003

Date of final enrolment

01/11/2005

Locations

Countries of recruitment

Netherlands

Study participating centre**Dept of Intensive Care**

Amsterdam

Netherlands

1105 AZ

Sponsor information

Organisation

Academic Medical Centre (AMC) (The Netherlands)

Sponsor details

Department of Intensive Care

Meibergdreef 9

Amsterdam

Netherlands

1105 AZ

Sponsor type

Hospital/treatment centre

Website

<http://www.amc.uva.nl>

ROR

<https://ror.org/03t4gr691>

Funder(s)

Funder type

Not defined

Funder Name

Not provided at time of registration

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