

# Haemodynamic stability during anaesthesia induction with propofol the impact of phenylephrine

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| <b>Submission date</b><br>07/06/2014   | <b>Recruitment status</b><br>No longer recruiting | <input type="checkbox"/> Prospectively registered<br><input type="checkbox"/> Protocol            |
| <b>Registration date</b><br>11/07/2014 | <b>Overall study status</b><br>Completed          | <input type="checkbox"/> Statistical analysis plan<br><input checked="" type="checkbox"/> Results |
| <b>Last Edited</b><br>29/05/2020       | <b>Condition category</b><br>Surgery              | <input type="checkbox"/> Individual participant data  |

## Plain English summary of protocol

### Background and study aims

Propofol is a drug that is widely used to anaesthetize a person before they have an operation. One of the effects of propofol is a drop in blood pressure. Other drugs, called vasopressors, have to then be given to the patient in order to raise the blood pressure to a more normal level. In this study, we will assess how well a continually administered dose of a vasopressor (phenylephrine), given when the patient is being put under a general anaesthetic with propofol, is at maintaining a more stable blood pressure.

### Who can participate?

Adult patients with abdominal cancers about to have high-risk abdominal surgery.

### What does the study involve?

Patients are randomly allocated into one of two groups. One group are given a continuous dose of phenylephrine while being put under a general anaesthetic with propofol. The other group are given a saline solution instead. The blood pressure of both groups of patients are measured during the start (induction) of anaesthesia and compared.

### What are the possible benefits and risks of participating?

All patients are closely monitored, including continually measuring both their blood pressure and heart rate, throughout the procedure. Any possible increase or decrease in blood pressure compared to the norm will be immediately identified and treated. Therefore patients are not exposed to any additional risk.

### Where is the study run from?

The Maribor University Clinical Centre (Slovenia)

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

November 2013 to January 2015

Who is funding the study?  
The Maribor University Clinical Centre (Slovenia)

Who is the main contact?  
Professor Mirt Kamenik  
mirt.kamenik@gmail.com

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Prof Mirt Kamenik

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## Additional identifiers

**Protocol serial number**  
IRP-2013/02-06

## Study information

**Scientific Title**  
The impact of phenylephrine infusion on haemodynamic stability during bispectral index (BIS) guided anaesthesia induction with propofol a double-blind randomised controlled trial

**Acronym**  
BIS PROPphen

**Study objectives**  
We will compare the induction of general anaesthesia with propofol and propofol combined with phenylephrine both titrated to the same bispectral index value. We expect less hypotension and cardiac output decrease during and after the induction of anaesthesia with the use of the combination of propofol and phenylephrine. We are also interested which impact does phenylephrine have on other haemodynamic parameters during and after induction.

**Ethics approval required**  
Old ethics approval format

**Ethics approval(s)**  
National Medical Ethics Committee;10/10/2013; ref. 229/09/13

**Study design**

Single-centre double-blinded prospective randomized controlled trial

## Primary study design

Interventional

## Study type(s)

Other

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

Cardiovascular disease and abdominal cancer surgery

## Interventions

We will study the haemodynamic effects of intravenous anaesthesia induction with propofol titrated to the appropriate anaesthesia depth monitored with spectral index monitor. During induction the patients will receive a continuous infusion of either phenylephrine or saline in a double blind randomized fashion. Hypotension (<55 mmHg) will be managed with additional phenylephrine. Hypertension (>100 mmHg) will be managed with the stop of infusion, additional, fentanyl and nitroglycerine. Tachycardia (>90/min) will be managed with fentanyl and esmolol. Bradycardia (<40/min) will be managed with atropine.

## Intervention Type

Procedure/Surgery

## Phase

Not Applicable

## Primary outcome(s)

1. Mean arterial pressure
2. Cardiac output
3. Systemic vascular resistance

All outcomes will be measured by the LIDCCORapid monitor for measuring cardiac output. The new generation of LIDCCORapid monitor enables also the measurement of the depth of anaesthesia with the BIS monitor. The measurements will be done at baseline and for 20 minutes during the induction of anaesthesia. The LIDCCORapid monitor enables automatic online collection of the data which will be averaged over one minute intervals for the period of induction. The averaged data for both groups of the results will be presented for baseline values, the values immediately before laryngoscopy and intubation, 2 minutes after intubation and then in 3 minute intervals till the end of measurements.

## Key secondary outcome(s)

1. Heart rate
2. Stroke volume
3. Bispectral index
4. Oxygen saturation
5. Dose of propofol
6. Time from start of anaesthesia induction to laryngoscopy and intubation
7. Dose of rescue drugs needed

The other secondary outcome measures: the dose of propofol during induction of anaesthesia,

the time to laryngoscopy and intubation, the frequency of rescue medication used and the dose of rescue medication given is registered during the study for each study subject and the data are collected on our protocol sheet.

**Completion date**

01/01/2015

## Eligibility

**Key inclusion criteria**

ASA II-III patients scheduled for major abdominal surgery (large bowel resection, stomach resection, liver resection, Whipple resection) and major urologic surgery (bladder resection, prostatic cancer).

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Total final enrolment**

40

**Key exclusion criteria**

1. Alcohol-abuse
2. Drug abuse
3. Chronic use of benzodiazepines, opioids or other psychotropic substances
4. Body mass index > 30
5. Anticipated difficult intubation (Mallampati 3 and 4)
6. Kidney disease (serum creatinine > 120 mmol/l)
7. Manifest liver disease
8. Alzheimer disease
9. Epilepsy

**Date of first enrolment**

01/11/2013

**Date of final enrolment**

01/01/2015

## Locations

**Countries of recruitment**

Slovenia

## Study participating centre

V zatiju 20  
Bresternica  
Slovenia  
2354

## Sponsor information

### Organisation

Maribor University Clinical Centre (Slovenia)

### ROR

<https://ror.org/02rjj7s91>

## Funder(s)

### Funder type

Hospital/treatment centre

### Funder Name

Maribor University Clinical Centre (Slovenia)

## 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="#">Results article</a> | results | 01/03/2018   | 29/05/2020 | Yes            | No              |