

# Mechanical bowel preparation for elective colorectal surgery

<b>Submission date</b>	<b>Recruitment status</b>	<input type="checkbox"/> Prospectively registered
14/02/2006	No longer recruiting	<input type="checkbox"/> Protocol
<b>Registration date</b>	<b>Overall study status</b>	<input type="checkbox"/> Statistical analysis plan
14/02/2006	Completed	<input checked="" type="checkbox"/> Results
<b>Last Edited</b>	<b>Condition category</b>	<input type="checkbox"/> Individual participant data
26/08/2009	Surgery	

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

### ClinicalTrials.gov (NCT)

NCT00288496

### Protocol serial number

NTR575

## Study information

### Scientific Title

**Acronym**

POCON trial

**Study objectives**

Mechanical bowel preparation (MBP) is common practice in elective colorectal surgery. In recent literature the value of MBP is a subject of discussion. This non-inferiority, randomised study evaluates the value of MBP before colorectal surgery.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Received from local medical ethics committee

**Study design**

Multicentre randomised controlled parallel group trial

**Primary study design**

Interventional

**Study type(s)**

Treatment

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

Elective colorectal resections

**Interventions**

Patients were randomised before elective colorectal surgery to receive mechanical bowel preparation, consisted of 2-4 l of polyethylene glycol bowel lavage solution in combination with a fluid diet in one study arm. The other study arm received no mechanical bowel preparation and was allowed to have a normal meal on the day before operation.

**Intervention Type**

Procedure/Surgery

**Phase**

Not Specified

**Primary outcome(s)**

Anastomotic failure, based on clinical suspicion (prolonged fever, abdominal pain, local or generalised peritonitis, leucocytosis) resulting in contrast radiography (X-ray or computed tomography [CT] scan) or laparotomy to confirm the diagnosis. No effort was made to screen for asymptomatic leakage.

**Key secondary outcome(s)**

1. Septic complications (wound infection, urinary tract infection, pneumonia, pelvic abscesses)
2. Fascia dehiscence
3. Death.

**Completion date**

19/02/2004

## Eligibility

**Key inclusion criteria**

Elective colorectal resections with primary anastomosis

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Not Specified

**Sex**

Not Specified

**Key exclusion criteria**

1. Acute laparotomy
2. Laparoscopic colorectal surgery
3. Contraindications for the use of mechanical bowel preparation
4. A priori deviating (ileo) stoma
5. Age less than 18 years old

**Date of first enrolment**

15/04/1998

**Date of final enrolment**

19/02/2004

## Locations

**Countries of recruitment**

Netherlands

**Study participating centre**

Fransiscus Gasthuis

Rotterdam

Netherlands

3045 PM

## Sponsor information

**Organisation**  
Ikazia Hospital (Netherlands)

**ROR**  
<https://ror.org/01abkkw91>

## Funder(s)

**Funder type**  
Hospital/treatment centre

**Funder Name**  
Ikazia Hospital (Netherlands)

## 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	22/12/2007		Yes	No