

Bacteraemia post-urological instrumentation: endocarditis risk?

Submission date 12/10/2009	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 08/12/2009	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 18/07/2016	Condition category Infections and Infestations	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<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

Contact name
Mr Amar Mohee

Contact details
Urology Department
Lincoln Wing
St James Hospital
Beckett St
Leeds
United Kingdom
LS9 7TF

Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title

A one-year, prospective, observational, cohort, single centre study on the incidence, intensity, duration and identity of bacteraemia in patients undergoing transurethral resection of the prostate (TURP), extracorporeal shockwave lithotripsy (ESWL) and urinary catheter change

Study objectives

Primary hypothesis:

Instrumentation during urological procedures does not cause bacteraemia.

Secondary hypothesis:

There is no link between infective endocarditis and preceding surgical instrumentation.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Leeds Central Research Ethics Committee approval pending as of 13/10/2009

Study design

Prospective observational cohort single centre study

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Bacteraemia

Interventions

The enrolled participants will provide a urine sample prior to the start of their procedure. They will then have an intravenous cannula inserted aseptically, preferably in their antecubital fossa. The cannula will be connected to a 3-way tap, with one output connected to a slow-drip to keep the cannula patent. The other output will be used to acquire blood for the study.

20 ml of blood will be withdrawn from the cannula at the following time-points:

1. 5 minutes pre-procedure
2. 2 minutes into the procedure
3. 5 minutes into the procedure
4. 10 minutes into the procedure
5. End of the procedure
6. 10 minutes after the end of the procedure
7. 30 minutes after the end of the procedure
8. 60 minutes after the end of the procedure

The blood thus acquired will be transferred into commercially available aerobic and anaerobic blood bottles. These samples will be processed in the laboratory by the chief investigator within a reasonable time frame (within 3 hours) and used for culture and polymerase chain reaction (PCR) methods to identify the bacteria both qualitatively and quantitatively.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

Presence of bacteraemia, assessed at time of culture and PCR

Key secondary outcome(s)

Development of infective endocarditis. A year after obtaining the samples, participants will be contacted by phone or mail to see whether they have suffered an episode of infection in that year which required hospital admission. If that is the case, the hospital notes of the said patients will be obtained and data collected from the notes about the said episode of infection.

Completion date

01/12/2010

Eligibility**Key inclusion criteria**

1. Adults (18 years onwards)
2. Both male and female (male only for the transurethral resection of the prostate [TURP] cohort)
3. Patient undergoing TURP, extracorporeal shock-wave lithotripsy and urinary catheter change at the Leeds Teaching Hospital NHS Trust

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

1. Age less than 18 years
2. Not competent to consent for enrolment in the study
3. Signs and symptoms of ongoing infection (of any source) at presentation to the hospital
4. Use of systemic antibiotics within the 2 weeks of presentation to the hospital
5. Recent (within 2 weeks) instrumentation of the urological tract (not including urethral or suprapubic catheterisation)
6. Patient with poor veins, leading to difficult venous cannulation

Date of first enrolment

01/12/2009

Date of final enrolment

01/12/2010

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

Urology Department

Leeds

United Kingdom

LS9 7TF

Sponsor information

Organisation

Leeds Teaching Hospitals NHS Trust (UK)

ROR

<https://ror.org/00v4dac24>

Funder(s)

Funder type

Government

Funder Name

Leeds Teaching Hospitals NHS Trust (UK)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration