# Renal function and fluid turnover after infusion of saline and Ringer's acetate in elderly males

Submission date	Recruitment status No longer recruiting	<ul><li>Prospectively registered</li></ul>	
30/04/2014		<pre>Protocol</pre>	
Registration date	Overall study status	Statistical analysis plan	
12/06/2014	Completed	[X] Results	
Last Edited	Condition category	Individual participant data	
07/02/2018	Surgery		

## Plain English summary of protocol

Background and study aims

A non-cancerous enlarging of the prostrate is a common complaint in elderly men. Symptoms include difficulties in urinating, having to urinate more frequently, sudden urges to urinate and not being able to empty the bladder properly. In some cases, surgery is required where the excess prostate tissue is removed in a procedure called transurethral resection of the prostate. During the operation, fluids are used to wash out, or irrigate the bladder, and some of this fluid can enter the blood stream. In rare cases, this can cause the potentially fatal transurethral resection of the prostate syndrome. The aim of this study is to examine whether the fluid used today, saline, is the best choice or whether another fluid, Ringers acetate, should be used.

# Who can participate?

Patients scheduled for prostate surgery (transurethral resection of the prostate) due to non-cancerous enlargement of the prostate at Södersjukhuset, Stockholm, and who have to pass urine through a catheter placed in their bladder.

#### What does the study involve?

Patients receive both fluids on different occasions during the surgery. Their kidney function is measured over 5 periods of 30 minutes each. Blood and urine samples are also taken for calculation of how the fluid is handled by the body.

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

There are no specific benefits associated with taking part in the study. There may be some temporary effects on kidney function due to narrowing of the blood vessels during surgery. Breathing problems may occur when the fluids are injected if the patient has undetected heart problems. There may also be some pain associated with placement of the venous cannulae (tube for administrating intravenous fluids)

Where is the study run from?

Department of Urology, Södersjukhuset, Sweden.

When is the study starting and how long is it expected to run for? February 2013 to February 2015

Who is funding the study? Södersjukhuset and Södertälje hospital, Sweden

Who is the main contact? Professor Robert Hahn r.hahn@telia.com

# **Contact information**

# Type(s)

Scientific

#### Contact name

Prof Robert Hahn

#### Contact details

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# Additional identifiers

# Protocol serial number

2008/804-31/2

# Study information

#### Scientific Title

Glomerular filtration rate and fluid volume kinetics of isotonic saline versus Ringer's acetate in males scheduled for transurethral resection of the prostate

### **Acronym**

SIE (Saline In the Elderly)

# **Study objectives**

Transurethral resection of the prostate is a surgical method of alleviating bladder outlet obstruction caused by prostatic hypertrophy, which is a common disease in elderly men. The operation is usually performed using isotonic saline as the irrigating solution. However, the irrigating medium might be absorbed by the patient and various amounts of the irrigating fluid thus be transported the the circulation. Saline is probably not the optimal solution to use, as balanced electrolyte solutions like Ringer's acetate show greater similarity to the composition of the extracellular fluid than saline. Importantly, glomerular filtration rate has been shown to be reduced in young volunteers.

We hypothesize that Ringer's acetate has a smaller effect on the glomerular filtration rate than isotonic saline when infused intravenously in patients scheduled for transurethral resection of the prostate. We also want to investigate, by using fluid kinetics, whether the body handles isotopic saline and Ringer's acetate differently in these primarily old males.

# Ethics approval required

Old ethics approval format

# Ethics approval(s)

Regional ethics committee of Stockholm on 11/06/2008, ref. 2008/804-31/2

#### Study design

Open randomized cross-over single-centre

#### Primary study design

Interventional

## Study type(s)

Treatment

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

Transurethral resection of the prostate

#### **Interventions**

Infusion of two electrolyte isolations (saline and Ringer's acetate) on two different occasions. Continuous infusion of iohexol (an X-ray contrast medium that can be used to measure glomerular filtration rate), blood sampling and urine sampling on 12 occasions during each experiment.

# Intervention Type

Procedure/Surgery

#### Phase

Not Applicable

#### Primary outcome(s)

Glomerular filtration rate, measured using continuous infusion of iohexol during five periods of 30 minutes each, starting 30 min after the study begins and 30 min after the fluid infusion is started

# Key secondary outcome(s))

Fluid volume kinetics based on blood and urine sampled during the last 3 hours of each experiment

# Completion date

28/02/2015

# Eligibility

#### Key inclusion criteria

Patients scheduled for transurethral resection of the prostate due to benign enlargement of the prostate at Södersjukhuset, Stockholm, who have an indwelling bladder catheter

## Participant type(s)

**Patient** 

# Healthy volunteers allowed

No

### Age group

Senior

#### Sex

Male

#### Key exclusion criteria

Patients with severe renal disease (serum creatinine > 120) or heart disease (ASA group III)

#### Date of first enrolment

14/02/2013

#### Date of final enrolment

28/02/2015

# Locations

#### Countries of recruitment

Sweden

# Study participating centre

#### Research Unit

Södertälje Sweden 152 86

# Sponsor information

#### Organisation

Södersjukhuset (Sweden)

# Funder(s)

# Funder type

Hospital/treatment centre

# Funder Name

Södersjukhuset (Sweden)

# **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 adde	d Peer reviewed	? Patient-facing?
Results article	results	01/02/2016	Yes	No
Participant information sheet	Participant information sheet	11/11/2025 11/11/202	5 No	Yes