

The effect of an intraoperative, goal-directed volume protocol in abdominal surgery within an accelerated recovery program after surgery (Enhanced Recovery Program After Surgery: ERAS-Program)

Submission date 04/02/2008	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 27/03/2008	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 11/08/2011	Condition category Digestive System	<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
Prof Claudia Spies

Contact details
Charitéplatz 1
Berlin
Germany
10117
claudia.spies@charite.de

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

N/A

Study information

Scientific Title

Acronym

ERAS Doppler

Study objectives

Primary Hypothesis:

In contrast to a liberal volume management strategy there is a difference in the amount of intravenously administered crystalloid and colloid fluid on the day of operation compared to a goal-directed volume protocol within an accelerated surgical recovery program (ERAS-Program).

Secondary Hypothesis:

The goal-directed perioperative fluid therapy reduces the intraoperative requirement for vasoactive drugs, the time to hospital discharge and the rate of postoperative complications (pain, delirium, infections, cardiac, pulmonary, gastrointestinal and renal dysfunction).

As of 03/11/2010 this record has been updated to include an extended anticipated end date; the initial anticipated end date of this trial was 01/02/2010.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics Committee of Charité - University Medicine Berlin, approved on 4th December 2007

Study design

Prospective, randomised, double-blinded, two-arm multi-center trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied

Colonic resection above the peritoneal reflection

Interventions

Targeted-volume application guided by esophageal doppler vs conventional volume application

Intervention Type

Other

Phase

Not Applicable

Primary outcome measure

Difference in the amount of intravenously administered crystalloid and colloid fluid on the day of operation

Secondary outcome measures

1. Reduction of the intraoperative requirement for vasoactive drugs
2. Time to hospital discharge
3. Rate of postoperative complications (pain, delirium, infections, cardiac, pulmonary, gastrointestinal and renal dysfunction). Patients will be monitored until they fulfill the hospital discharge criteria or up to 30th postoperative day.

Overall study start date

05/02/2008

Completion date

31/12/2011

Eligibility**Key inclusion criteria**

1. Written patient consent
2. Patients who undergo colonic resection above the peritoneal reflection
3. Patients who are treated within the context of an accelerated post-operative recovery program

Participant type(s)

Patient

Age group

Adult

Sex

Both

Target number of participants

42

Key exclusion criteria

1. Accommodation in an institution due to an official or judicial order
2. No written consent from patient
3. Unwillingness to allow storage and sharing of anonymised disease data in the context of the clinical study
4. Simultaneous participation of the patient in another study or having been in a study which was terminated less than one week ago
5. American Society of Anaesthesiologists (ASA) classification >III
6. Advanced disease of the oesophagus or nasopharyngeal cavity
7. Operations in the area of the oesophagus or nasopharynx within the last 3 months
8. Systemic steroid therapy
9. Moderate or severe heart valve disease
10. von Willebrands disease
11. History of bleeding tendency
12. Liver disease (Child B or C cirrhosis, End-Stage Liver Disease [MELD] score >17)
13. Age <18 years
14. Renal failure (serum creatinine >2.0 mg/dL)
15. Chronic heart failure New York Heart Association (NYHA) class III or IV
16. History of intracranial haemorrhage
17. Allergy to hydroxy-ethyl starch

Date of first enrolment

05/02/2008

Date of final enrolment

31/12/2011

Locations

Countries of recruitment

Germany

Netherlands

Norway

Study participating centre

Charitéplatz 1

Berlin

Germany

10117

Sponsor information

Organisation

Charité - University Medicine Berlin (Charité - Universitätsmedizin Berlin) (Germany)

Sponsor details

Charitéplatz 1
Berlin
Germany
10117
anaesthesie-virchow-klinikum@charite.de

Sponsor type

University/education

ROR

<https://ror.org/001w7jn25>

Funder(s)**Funder type**

University/education

Funder Name

Charité - University Medicine Berlin (Charité - Universitätsmedizin Berlin) (Germany)

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