

Outcome of kidney transplantation with Bricker-type ureterointestinal anastomosis in patients with lower urinary tract dysfunction.

Submission date 01/11/2014	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 26/01/2015	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 15/10/2020	Condition category Urological and Genital Diseases	<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

Background and study aims

Kidney transplantation is the best treatment for kidney failure but for patients with lower urinary tract (bladder and urethra) dysfunction (for example, due to an infection), it is often impossible to perform that surgery in a classic way. A Bricker-type ureterointestinal anastomosis (a tube connecting the ureter to the small intestine) is a widely used technique for performing ureteroenteric anastomosis (a technique for diverting the flow of urine from its normal route) in these cases. Here, we want to investigate how well patients do having undergone a Bricker-type ureterointestinal anastomosis during their kidney transplant compared to patients who have a classic kidney transplant.

Who can participate?

Adults (aged 20-64) with lower urinary tract dysfunction that underwent a kidney transplantation with Bricker-type ureterointestinal anastomosis from 1999 to 2014 (experimental group). A control group consisting of participants who have had a classic kidney transplant, receiving either the second kidney of a deceased donor from which a participant from the experimental group has been given the first, or a kidney from a living donor is also recruited. In the case of patients whose kidney is from a living donor, comparisons are made with people in the experimental group who have also received a kidney from a living donor.

What does the study involve?

Participants are invited to our hospital, where they undergo an examination and a number of tests (blood tests, urine tests, ultrasound, renal scintigraphy). The results from the experimental group are then compared to those of the control group.

What are the possible benefits and risks of participating?

All participants will be given the results of our tests. If we find some disorders or abnormalities we will try to treat them. The risk to participants is close to zero.

Where is the study run from?

Department of General and Transplantation Surgery of Infant Jesus Hospital in Warsaw (Poland)

When is the study starting and how long is it expected to run for?
November 2014 to September 2015.

Who is funding the study?
Medical University of Warsaw (Poland)

Who is the main contact?
Agnieszka Jóźwik
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Contact information

Type(s)
Scientific

Contact name
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Additional identifiers

Study information

Scientific Title
Outcome of kidney transplantation with Bricker-type ureterointestinal anastomosis in patients with lower urinary tract infection: a observational single-centre trial

Acronym
N/A

Study objectives
Study hypothesis is that outcome of kidney transplantation with Bricker-type ureterointestinal anastomosis, is as good as outcome of kidney transplantation with normal urinary drainage. There is the same kidney function, number of complications after transplantation, graft and patient survival.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Bioethical Committee of Medical University of Warsaw, 04/11/2014, ref. KB/215/2014

Study design
Observational single-centre trial

Primary study design

Observational

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Patients with end stage renal disease and lower urinary tract dysfunction who underwent kidney transplantation with Bricker-type ureterointestinal anastomosis in our center.

Interventions

We will compare results of the following for experimental and control group patients:

1. Blood tests
2. Urine tests
3. Ultrasound
4. Renal scintigraphy
5. eGFR (creatinine clearance, Cocroft-Gault formula, MDRD formula, CKD - EPI formula)

Intervention Type

Other

Primary outcome(s)

1. Blood tests: complete blood count, sodium, potassium, chloride, bicarbonate, blood urea nitrogen, magnesium, creatinine, glucose, calcium, lipid profile, cystatin C, C Reactive Protein, AST, ALT, bilirubin, serum albumin, vitamin B12, folic acid, transferrin, ferritin, parathormone.
2. Urine tests: routine and microscopy, cretinine, bacterial cultures.
3. Ultrasound of the abdomen and graft.
4. Renal scintigraphy.

Key secondary outcome(s)

N/A

Completion date

30/09/2015

Eligibility

Key inclusion criteria

1. Patients with lower urinary tract dysfunction who underwent kidney transplantation with Bricker-type ureterointestinal anastomosis at study center, from 1999 to 2014 (experimental group)
2. Age range 20 to 64
3. Control group - patients who had kidney transplantation and obtained a kidney from the same deceased donor as a participant from the experimental group.
4. In the case of patients, who have received a kidney from a living donor, comparisons between control and experimental group participants will be made with others that have recieved a kidney from a living donor.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

Patients who refuse their participation in this study.

Date of first enrolment

12/11/2014

Date of final enrolment

30/09/2015

Locations**Countries of recruitment**

Poland

Study participating centre

Nowogrodzka 59

Warsaw

Poland

02-006

Sponsor information**Organisation**

Medical University of Warsaw (Poland)

ROR

<https://ror.org/04p2y4s44>

Funder(s)**Funder type**

University/education

Funder Name

Medical University of Warsaw (Poland)

Alternative Name(s)

Medical University of Warsaw

Funding Body Type

Government organisation

Funding Body Subtype

Local government

Location

Poland

Results and Publications

Individual participant data (IPD) sharing plan**IPD sharing plan summary**

Not provided at time of registration