

# Ascorbic Acid in open Abdominal Aortic Aneurysm repair

<b>Submission date</b> 16/10/2008	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 12/11/2008	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
<b>Last Edited</b> 29/07/2015	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**  
RGHT000396

## Study information

**Scientific Title**  
Non-invasive bed-side measurement of systemic endothelial function in patients undergoing abdominal aortic aneurysm repair: modulation by ascorbic acid

**Acronym**

AAAAA

### **Study objectives**

In adult patients who undergo elective open abdominal aortic aneurysm (AAA) repair, intra-operative treatment with intravenous ascorbic acid improves endothelial function.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Office for Research Ethics Committees Northern Ireland (ORECNI), 19/06/2007, ref: 07/NIR02/12

### **Study design**

Phase II single-centre prospective double-blind randomised placebo-controlled trial

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

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

Abdominal aortic aneurysm

### **Interventions**

Participants will be randomised to either 2 g intravenous ascorbic acid or placebo (0.9% saline) infusion for intra-operative administration. Total duration of treatment is time taken to administer the infusion of the study drug: 20 minutes. All arms are followed up to hospital discharge.

### **Intervention Type**

Drug

### **Phase**

Phase II

### **Drug/device/biological/vaccine name(s)**

Ascorbic acid

### **Primary outcome(s)**

Reduction in endothelial dysfunction as measured by plasma von Willebrand Factor (vWF) at four hours post-removal of aortic cross clamp.

### **Key secondary outcome(s)**

1. Systemic endothelial function as assessed by:

1.1. Adhesion molecules - soluble intercellular adhesion molecule-1 (sICAM-1), soluble vascular cell adhesion molecule-1 (sVCAM-1), soluble E-Selectin (sE-Selectin), measured pre-operatively and four hours post-removal aortic crossclamp

1.2. Urinary albumin:creatinine ratio (ACR), measured pre-operatively and four hours post-removal aortic crossclamp

1.3. Non-invasive assessment of endothelial function as determined by Pulse Wave Analysis,

- measured pre-operatively and four hours post-removal aortic crossclamp
2. Pulmonary endothelial dysfunction as measured by pulmonary dead space fraction, measured at post-intubation and pre-extubation approximately 1 hour post-cross clamp removal
  3. Inflammatory response as measured by:
    - 3.1. Highly sensitive C reactive protein (hsCRP), measured pre-operatively and four hours post-removal aortic crossclamp
    - 3.2. Exhaled breath condensate pH, myeloperoxidase, and leukotriene B4, measured at post-intubation and pre-extubation approximately 1 hour post-cross clamp removal
  4. Oxidative stress as measured by:
    - 4.1. Serum lipid peroxides, measured pre-operatively and four hours post-removal aortic crossclamp
    - 4.2. Urinary F2 isoprostanes, measured pre-operatively and four hours post-removal aortic crossclamp
    - 4.3. Exhaled breath condensate hydrogen peroxide and 8-isoprostane, measured pre-operatively and four hours post-removal aortic crossclamp

**Completion date**

01/08/2009

## Eligibility

**Key inclusion criteria**

Adult patients (aged 18 years or over, either sex) admitted for elective open repair of abdominal aortic aneurysm in the Royal Victoria Hospital.

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Key exclusion criteria**

1. Known history hyperoxaluria or glucose-6-phosphate dehydrogenase deficiency
2. Prior antioxidant therapy
3. Known allergy to ascorbic acid or agents specified in the standardised anaesthetic protocol
4. Lack of consent

**Date of first enrolment**

01/01/2008

**Date of final enrolment**

01/08/2009

## Locations

### Countries of recruitment

United Kingdom

Northern Ireland

### Study participating centre

**Royal Victoria Hospital**

Belfast

United Kingdom

BT12 6BA

## Sponsor information

### Organisation

Belfast Health and Social Care Trust (UK)

### ROR

<https://ror.org/02tdmfk69>

## Funder(s)

### Funder type

Research organisation

### Funder Name

Vascular Anaesthetic Society Great Britain & Ireland (VASGBI) (UK)

## 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	01/12/2015		Yes	No