

Prenatal treatment of Lower Urinary Tract Obstruction

Submission date 28/04/2005	Recruitment status No longer recruiting	☐ Prospectively registered ☒ Protocol
Registration date 21/09/2005	Overall study status Completed	☐ Statistical analysis plan ☒ Results
Last Edited 02/08/2017	Condition category Neonatal Diseases	☐ Individual participant data

Plain English summary of protocol

Background and study aims

Fetal bladder outflow obstruction is a rare condition where an unborn baby (fetus) is unable to pass urine due to a blockage of the tube called the urethra. This may cause permanent damage to the baby's kidneys and can lead to poor lung development and physical deformities such as clubfoot. About half of the babies diagnosed with this problem before birth will die either before birth or in the newborn period. For several years, vesico-amniotic shunting has been offered as a treatment to relieve the obstruction. A vesico-amniotic shunt is a tube that is inserted into the unborn baby's bladder to drain the excess fluid. However, there is only weak evidence that it improves survival and kidney function in those treated. The aim of this study is to find out whether vesico-amniotic shunting improves outcomes for fetal bladder outflow obstruction.

Who can participate?

Fetuses with bladder outflow obstruction

What does the study involve?

Following an ultrasound diagnosis of fetal bladder outflow obstruction, the fetuses are randomly allocated to either receive a vesico-amniotic shunt or continue with conservative treatment without a shunt. Termination and miscarriage rates, survival, and bladder and kidney function are assessed at 4 - 6 weeks and 12 months, and continence is assessed at 5 years.

What are the possible benefits and risks of participating?

This study is a crucial step in establishing whether this procedure has a place in future fetal medicine practice.

Where is the study run from?

University of Birmingham (UK)

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

September 2005 to September 2018

Who is funding the study?
NIHR Health Technology Assessment Programme (UK)

Who is the main contact?
Prof. Mark Kilby
m.d.kilby@bham.ac.uk

Contact information

Type(s)
Scientific

Contact name
Prof Mark Kilby

Contact details
University of Birmingham
Department of Fetal Medicine
Birmingham Women's Hospital
Metchley Park Road
Birmingham
United Kingdom
B15 2TG
+44 (0)121 627 2778
m.d.kilby@bham.ac.uk

Additional identifiers

Protocol serial number
HTA 07/01/44; NN3007

Study information

Scientific Title
A multi-centre randomised controlled trial comparing intra-uterine vesico-amniotic shunting versus not shunting in the treatment of congenital bladder outflow obstruction

Acronym
PLUTO

Study objectives
Does intra-uterine vesico-amniotic shunting for fetal bladder outflow obstruction improve perinatal morbidity and mortality in fetuses, compared to conservative management?

More details can be found at: <http://www.nets.nihr.ac.uk/projects/hta/070144>
Protocol can be found at: http://www.nets.nihr.ac.uk/__data/assets/pdf_file/0018/51741/PRO-07-01-44.pdf

Ethics approval required
Old ethics approval format

Ethics approval(s)

Nottingham Research Ethics Committee 2, January 2005, ref: 04/Q2404/89

Primary study design

Interventional

Study design

Randomised controlled trial

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Congenital bladder outflow obstruction

Interventions

Fetal vesico-amniotic shunt versus no shunt.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

Perinatal mortality rates and renal function at 4 - 6 weeks and 12 months measured via:

1. Serum creatinine
2. Renal ultrasound
3. Need for dialysis/transplant

Key secondary outcome(s)

Not provided at time of registration

Completion date

30/09/2018

Eligibility**Key inclusion criteria**

Mother:

1. Written informed consent given
2. Able to understand information provided (use of interpreter may be required)
3. Singleton pregnancy

Foetus:

1. Evidence of bladder outflow obstruction from ultrasound imaging
2. No major extra genitourinary anomalies present

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Neonate

Sex

All

Key exclusion criteria

Additional major structural or chromosomal anomaly

Date of first enrolment

01/09/2005

Date of final enrolment

31/12/2011

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

University of Birmingham

Birmingham

United Kingdom

B15 2TG

Sponsor information

Organisation

University of Birmingham (UK)

ROR

<https://ror.org/03angcq70>

Funder(s)

Funder type

Government

Funder Name

Health Technology Assessment Programme

Alternative Name(s)

NIHR Health Technology Assessment Programme, Health Technology Assessment (HTA), HTA

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Funder Name

Wellbeing of Women (UK)

Alternative Name(s)**Funding Body Type**

Private sector organisation

Funding Body Subtype

Trusts, charities, foundations (both public and private)

Location

United Kingdom

Results and Publications

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

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	02/11/2013		Yes	No
Results article	results	01/12/2013		Yes	No

Protocol article	protocol	01/07/2007		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Study website	Study website	11/11/2025	11/11/2025	No	Yes