

Does the use of a simple portable ultrasound machine increase the success rate for femoral venous access in children and decrease complications?

Submission date 30/09/2004	Recruitment status No longer recruiting	☐ Prospectively registered
Registration date 30/09/2004	Overall study status Completed	☐ Protocol
Last Edited 29/04/2016	Condition category Surgery	☐ Statistical analysis plan
		☐ Results
		☐ Individual participant data
		☐ Record updated in last year

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
N0045126775

Study information

Scientific Title

Does the use of a simple portable ultrasound machine increase the success rate for femoral venous access in children and decrease complications?

Study objectives

Does the use of a simple portable ultrasound machine increase the success rate for femoral venous access in children and decrease complications?

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Primary study design

Interventional

Study design

Randomised controlled trial

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Cardiac catheterisation

Interventions

Children undergoing cardiac catheterisation under general anaesthesia who require femoral venous access for that procedure will be randomised to either femoral venous access under ultrasound guidance or by the landmark method (palpation of the femoral artery). Children who are known to have thrombosed or abnormal venous anatomy will be excluded because these children will require specialised techniques of vascular access. A history of latex allergy will also be an exclusion criterion. The femoral venous puncture will be performed by a cardiologist trained in both techniques.

Intervention Type

Procedure/Surgery

Phase

Not Specified

Primary outcome(s)

The number of attempts to successful venous access, time taken and complications (arterial puncture, failure, haematoma) will be recorded. If after 15 minutes the vein has not been accessed, then this will be recorded as a failure of that technique and an alternative method of access used.

Key secondary outcome(s)

Not provided at time of registration

Completion date

31/03/2005

Eligibility

Key inclusion criteria

Children undergoing cardiac catheterisation under general anaesthesia who require femoral venous access for the procedure

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Child

Sex

All

Key exclusion criteria

Does not meet inclusion criteria

Date of first enrolment

19/04/2004

Date of final enrolment

31/03/2005

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

Birmingham Children's Hospital

Birmingham

United Kingdom

B4 6NH

Sponsor information

Organisation

Department of Health

Funder(s)**Funder type**

Hospital/treatment centre

Funder Name

Birmingham Children's Hospital NHS Trust (UK)

Results and Publications**Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration