

The greater omental flap to cover the cut surface of the liver for prevention of delayed gastric emptying after left-sided hepatobiliary resection

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| Submission date 12/01/2010 | Recruitment status No longer recruiting | <input type="checkbox"/> Prospectively registered |
| Registration date 19/01/2010 | Overall study status Completed | <input type="checkbox"/> Protocol |
| Last Edited 20/01/2010 | Condition category Surgery | <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
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Study information

Scientific Title

The greater omental flap to cover the cut surface of the liver for prevention of delayed gastric emptying after left-sided hepatobiliary resection: a prospective randomised controlled trial

Study objectives

The use of the greater omental flap to cover the cut surface of the liver is effective in reducing the incidence of delayed gastric emptying (DGE) after left-sided hepatobiliary resection.

Ethics approval required

Old ethics approval format

Ethics approval(s)

The Human Research Review Committee of the Nagoya University Hospital approved on the 21st May 2007

Study design

Prospective randomised controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Delayed gastric emptying

Interventions

Patients were randomised to undergo left-sided hepatobiliary resection

1. With greater omental flap to cover the cut surface of the liver
2. Without greater omental flap

Intervention Type

Procedure/Surgery

Phase

Not Applicable

Primary outcome(s)

Clinical grading of DGE based on the International Study Group of Pancreatic Surgery (ISGPS) classification. DGE was classified with regard to the duration of naso-gastric tube (NGT) requirement and/or need for re-insertion of NGT, and the postoperative day (POD) when solid food intake was tolerated after surgery. To assess DGE, once solid food intake was stabilised, a radiopaque marker was administered. Abdominal X-rays were taken 1, 2, 3, 4, 5, and 6 hours after the administration of the marker.

Key secondary outcome(s)

No secondary outcome measures

Completion date

31/12/2008

Eligibility

Key inclusion criteria

Patients scheduled to undergo left-sided hepatobiliary resection for cholangiocarcinoma at the Nagoya University Hospital

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

1. Patients scheduled to undergo other gastrointestinal resection, including hepatopancreaticoduodenectomy
2. Previous gastrointestinal resection
3. Aged over 20 years, either sex

Date of first enrolment

01/06/2007

Date of final enrolment

31/12/2008

Locations

Countries of recruitment

Japan

Study participating centre

65, Tsurumai-cho, Showa-ku

Nagoya

Japan

466-8550

Sponsor information

Organisation

Nagoya University Graduate School of Medicine (Japan) - Division of Surgical Oncology,
Department of Surgery

ROR

<https://ror.org/00ndx3g44>

Funder(s)

Funder type

University/education

Funder Name

Nagoya University Graduate School of Medicine (Japan) - Division of Surgical Oncology,
Department of Surgery

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration