

# Propofol versus midazolam/hydrocodone for sedation in flexible bronchoscopy: Safety and patient comfort - a non-inferiority trial

<b>Submission date</b> 03/01/2008	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 14/02/2008	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
<b>Last Edited</b> 02/11/2009	<b>Condition category</b> Respiratory	<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

## Study information

**Scientific Title**

**Study objectives**

The use of propofol for sedation in flexible bronchoscopy is associated with a mean low saturation within 2% of that of the combination of midazolam and hydrocodone, or better.

### **Ethics approval required**

Old ethics approval format

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

Ethics Committee of Basel (Ethikkommission Beider Basel), approved on 29 August 2006 (ref: 19603)

### **Study design**

Prospective single-blind randomised controlled trial

### **Primary study design**

Interventional

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

Treatment

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

Sedation for flexible bronchoscopy

### **Interventions**

Patients will be randomly assigned to propofol (intravenous; iv) or the combination of midazolam and hydrocodone (iv) for sedation during flexible bronchoscopy. The doses of propofol and midazolam vary among the patients, depending on the level of sedation obtained. Hydrocodone will be used in the standard dose of 5 mg iv.

### **Intervention Type**

Drug

### **Phase**

Not Specified

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

Propofol, midazolam and hydrocodone

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

1. Mean lowest oxygen saturation during the procedure
2. Median patient overall well-being (comfort) at 1 hour after the procedure

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

1. Duration of the procedure
2. Hemodynamic parameters during and after the procedure
3. Cough scores, as assessed by a visual analogue scale by patients, nurses and physicians 2 hours after the procedure
4. Patient discomfort
5. Willingness to undergo a repeated procedure, assessed by a visual analogue scale 2 hours after the procedure
6. Fear of undergoing a repeated procedure, assessed by a visual analogue scale 2 hours after the procedure

7. Number (percentage) of complications (desaturation >90%, Chin-support, mild bleeding, severe bleeding, nasopharyngeal-tube use, intubation, Intensive Care Unit [ICU] need post-bronchoscopy, hypotension, pneumothorax, death) assessed by the study physician during and up to 24 hours after the procedure
8. Supplemental lidocaine doses, assessed by the nurse team and study physician during the procedure, as judged by the bronchosopist
9. Medication doses, assessed by the nurse team and study physician during the procedure, as judged by the bronchoscopist
10. Median patient overall well-being (comfort) at 2 hours after the procedure

**Completion date**

31/03/2008

## Eligibility

**Key inclusion criteria**

1. Age >18 years
2. Need for flexible bronchoscopy

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Key exclusion criteria**

1. Invasive mechanical ventilation
2. Known allergy or intolerance to midazolam, hydrocodone or propofol
3. Inability to provide informed consent

**Date of first enrolment**

02/01/2008

**Date of final enrolment**

31/03/2008

## Locations

**Countries of recruitment**

Switzerland

**Study participating centre**  
University Hospital Basel  
Basel  
Switzerland  
4031

## Sponsor information

**Organisation**  
University Hospital Basel (Switzerland)

**ROR**  
<https://ror.org/04k51q396>

## Funder(s)

**Funder type**  
Hospital/treatment centre

**Funder Name**  
Clinic of Pulmonary Medicine and Respiratory Cell Research, University Hospital Basel  
(Switzerland)

## 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	01/11/2009		Yes	No