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ClinicalTrials.gov ID: NCT02186210

Study Identification

Unique Protocol ID: Prewarming_OPCAB

Brief Title: Effect of Prewarming on Microcirculatory Response Official Title: Effect of Prewarming on Microcirculatory Response

Secondary IDs:

Study Status

Record Verification: August 2014

Overall Status: Completed Study Start: July 2014

Primary Completion: May 2015 [Actual] Study Completion: May 2015 [Actual]

Sponsor/Collaborators

Sponsor: Seoul National University Hospital

Responsible Party: Sponsor

Collaborators:

Oversight

FDA Regulated?: No IND/IDE Protocol?: No

Review Board: Approval Status: Approved

Approval Number: H-1306-026-496

Board Name: Seoul National University Hospital Institutional Review Board

Board Affiliation: Seoul National University Hospital

Phone: 82-2-2072-0694 Email: snuhirb@gmail.com

Data Monitoring?: Yes

Plan to Share Data?:

Oversight Authorities: South Korea: Korea Food and Drug Administration (KFDA)

Study Description

Brief Summary: Intraoperative hypothermia may affect tissue microcirculation and can induce

myocardial injury, wound infection, and coagulopathy. During off-pump coronary artery bypass surgery without cardiopulmonary bypass or induced hypothermia, maintenance of normothermia is important for clinical outcome. The investigators hypothesized that prewarming during induction of general anesthesia would reduce drop of body

temperature and change of peripheral microcirculation.

Detailed Description: Microcirculatory parameters can be obtained from vascular occlusion test. Among

those parameters, recovery slope during vascular occlusion test is known to reflect recruitment of microvasculature in response to hypoxic or ischemic insult. In this study, we will compare the recovery slope during vascular occlusion test between prewarming

treatment group and control group.

Conditions

Conditions: Coronary Artery Bypass Graft Triple Vessel

Keywords: microcirculation

off-pump coronary artery bypass surgery

tissue oxygen saturation vascular occlusion test

recovery slope

Study Design

Study Type: Interventional

Primary Purpose: Treatment

Study Phase: N/A

Intervention Model: Parallel Assignment

Number of Arms: 2

Masking: Double Blind (Subject, Caregiver, Investigator)

Allocation: Randomized

Endpoint Classification: Efficacy Study

Enrollment: 40 [Actual]

Arms and Interventions

Arms	Assigned Interventions
Experimental: prewarming	Device: prewarming
prewarming during induction of anesthesia	recovery slope StO2
	Other Names:
	 prewarming by active air heater
No Intervention: control	
no prewarming during induction of anesthesia	

Outcome Measures

Primary Outcome Measure:

1. recovery slope

[Time Frame: 3 hours after induction of anesthesia] [Safety Issue: Yes]

We will compare recovery slope assessed 3 hours after induction of anesthesia to evaluate the effect of prewarming during induction of anesthesia on microcirculation.

Secondary Outcome Measure:

2. tissue oxygen saturation

[Time Frame: 3 hours after induction of anesthesia] [Safety Issue: No]

Eligibility

Minimum Age: 20 Years

Maximum Age: 85 Years

Gender: Both

Accepts Healthy Volunteers?: No

Criteria: Inclusion Criteria:

· off-pump coronary artery bypass surgery

Exclusion Criteria:

- · refuse to enroll
- cannot undergo vascular occlusion test: anatomical abnormality of both arms, severe peripheral vascular disease, presence of A-V fistula
- preoperative left ventricular ejection fraction < 35%
- · preoperative continuous infusion of vasopressor or inotropes
- pregnancy

Contacts/Locations

Study Officials: Yunseok Jeon, PhD

Study Principal Investigator Seoul National University Hospital

Locations: Korea, Republic of

Seoul National University Hospital Seoul, Korea, Republic of, 110-744

Seoul National University Hospital Seoul, Korea, Republic of, 110-744

NOTE: Facility 'Seoul National University Hospital' in 'Seoul, Korea, Republic of, 110-744' has been specified multiple times.

References

Citations:

Links:

Study Data/Documents:

U.S. National Library of Medicine | U.S. National Institutes of Health | U.S. Department of Health & Human Services