The inter-examiner difference in diagnosis in acute abdominal pain and the role of decisional tools.

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Observational non invasive

Summary

ID

NL-OMON20188

Source
Nationaal Trial Register

Brief title
AAP-study

Health condition

Acute abdominal pain, acute buikpijn

Sponsors and support

Primary sponsor: Academic Medical Center, Amsterdam, the Netherlands
Source(s) of monetary or material Support: Academic Medical Center, Amsterdam, the Netherlands

Intervention

Outcome measures

Primary outcome

1. Accuracy of diagnosis of the surgeon and surgical resident;

2. Accuracy of diagnosis before and after using decisional tools for appendicitis and diverticulitis.

Secondary outcome

1. Certainty of diagnosis before and after using decisional tools;

2. Diagnostic accuracy of the decisional tools;

3. Accuracy of diagnosis after using the standard imaging pathway;

4. Imaging resource utilisation.

Study description

Background summary

N/A

Study objective

A frequently heard argument is that residents tend to attribute a serious condition to too many patients. This results in an unnecessary burden for patients having additional work-up and invasive examinations. This argument is supported by data from a previous study performed in patients with acute abdominal pain. In this study residents examined patients with a good sensitivity for urgent diagnoses (88%). However, the amount of false positive diagnoses for urgent conditions was 27%. We hypothesize that surgeons have half the false positive rates (13.5%) of surgical residents.

Study design

The final reference diagnosis will be obtained after a three month follow-up period.

Intervention

N/A

Contacts

Public
Meibergdreef 9

J.J.S. Kiewiet
Amsterdam 1105 AZ
The Netherlands
+31 (0)20 5662771
Scientific
Meibergdreef 9
J.J.S. Kiewiet
Amsterdam 1105 AZ
The Netherlands
+31 (0)20 5662771

Eligibility criteria

Inclusion criteria

1. Abdominal pain with a duration of more then 2 hours and less then 5 days;

2. Willing and able to give written informed consent.

Exclusion criteria

1. Age < 18 years;

2. Pregnancy;

3. Abdominal pain due to blunt or penetrating trauma;

4. Hemorrhagic shock due toe gastrointestinal bleeding or ruptured aortic aneurysm.

Study design

Design

Study type:	Observational non invasive
Intervention model:	Parallel
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)

Control:	N/A , unknown

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	01-01-2010
Enrollment:	300
Type:	Anticipated

Ethics review

Positive opinion

Date:	14-01-2011
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL2565
NTR-old	NTR2690
Other	ABR / CCMO : 29165 / NL21965.018.09 ;
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Study results

Summary results
N/A