Effects of telemonitoring after cardiac surgery.

No registrations found.

Ethical review Positive opinion
Status Pending
Health condition type -
Study type Interventional

Summary

ID

NL-OMON28990

Source
Nationaal Trial Register

Health condition

Telemonitoring
Cardiac surgery
Aftercare

Telemonitoren
Hartchirurgie
Nazorgtraject

Sponsors and support

Primary sponsor: Dr. J.G. Grandjean
M. ten Broeke
Source(s) of monetary or material Support: Zelfgefinancierde studie.

Intervention

Outcome measures

Primary outcome

Quality of life: Measured with the SF-36 (Aaronson et al., 1998).

Secondary outcome

Number of complications and readmissions within four weeks.

Study description

Background summary

The average time of hospital admission after cardiac surgery, without a patient being transferred to another hospital, is seven days, but depends on the post-operative course. Once returned to their home situation, patients' recovery is not always well. Questions and concerns may develop, which, if they remain unanswered, hinder the process of recovery. Furthermore, the recognition of symptons and complications is difficult for patients. To offer a patient optimum care, support and safety during the first four weeks after discharge after cardiac surgery, a possibility lies in the use of telemonitoring. This can be achieved by introducing telemonitoring in the aftercare of patients who underwent cardiac surgery. Through telemonitoring it can be recorded if quality of life improves and if complications are detected early. Up to now, no study has been done in the support of patients after cardiac surgery.

This study researches the following effects of telemonitoring with patients after cardiac surgery four weeks after discharge:

1. Quality of life (SF-36);

2. The number of readmissions within four weeks;

3. The number of relevant complication.

The study method is a randomized intervention study. It concerns open randomization with a parallel design. The study is a pilot study which will take approximately 2 to 3 months.

Patients in the intervention group receive aftercare by means of telemonitoring. The control group receives the normal aftercare.

The study is coordinated by Thoraxcentrum Twente, a division of Medisch Spectrum Twente.

The population consists of patients who are admitted for cardiac surgery on the A2 and D2 ward. All patients who will undergo a CABG, valve surgery or a combination of both are qualified to participate in the study.

Patients in the intervention group receive aftercare by means of telemonitoring. The control group receives the normal aftercare.

For telemonitoring patients measure their blood pressure and weight daily and make an ECG weekly.

Current aftercare consists of the advice to the patient to contact the general practitioner or the ward. After one month patients are called by the nurse of the ward to be informed on their well-being.

Study objective

N/A

Study design

1. Quality of life (SF-36) questionnaire. First time at baseline (hospital admission), second time four weeks after discharge;

2. Four weeks after discharge during a phone call patients are interviewed if there have been readmissions and/or complications. Results are recorded in a list.

Intervention

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Contacts

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Eligibility criteria

Inclusion criteria

1. All patients with CABG, valve surgery and a combination of CABG/valve surgery;

2. Age 55-85 year;

3. Capable to use the equipment.

Exclusion criteria

1. No comprehension of dutch language;

2. Bad mobility;

3. Patients outside the clinical pathway;

4. Patients transferred to other hospitals.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-02-2011
Enrollment:	30
Type:	Anticipated

Ethics review

Positive opinion

Date:	29-12-2010
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	NL2553
NTR-old	NTR2671
Other	METC Enschede : P10-46
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Study results

Summary results

N/A