Optimizing transmural perioperative care after gynaecological surgery.

No registrations found.

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

Summary

ID

NL-OMON29305

Source
NTR

Brief title
N/A

Health condition

hysterectomy, laparoscopic adnexal surgery, ovariectomy, convalescense, recommendations, return to work

Sponsors and support

Primary sponsor: VU University Medical Center, EMGO+ institute, Department of Obstetrics and Gynaecology and Department of Public and Occupational Health
Source(s) of monetary or material Support: ZonMw, VU University Medical Center

Intervention

Outcome measures

Primary outcome

Sick leave duration until full return to work.

Secondary outcome

1. Quality of life (generic and recovery specific);

2. Patient satisfaction;

3. Intensity of pain;

4. Time to resumption of various activities;

5. Recurrence of absence.

Study description

Background summary

Patients will be guided and empowered by using a weblog with multidisciplinary recommendations for resumption of (work) activities after gynaecological surgery.

Study objective

New perioperative care program will improve return to (work)activities, quality of life and quality of recovery in patients undergoing gynaecological surgical procedures, compared to usual given care.

Study design

Baseline, 2, 6, 12 and 26 weeks after operation.

Intervention

Interactive website.

Control group: Usual care, i.e. no standardised, preoperative or postoperative information on return to work will be given to the patients. They will have the possibility to use the weblog, but it doesn't contain any new information besides a patient information leaflet.

Intervention group: Patients will be given access to their own personal webbased file to see their tailor-made pre- and postoperative information on convalescence (eg. lifting, resumption of daily activities and return to work). If the patients give their consent, the information may be used to inform the general practitioner, occupational physician and employer. Patients will fill in an ICT log, which allows detection of physical-, mental- or work-related recovery problems. If necessary, the patient will be given advice concerning

additional care (e.g. clinical occupational physician trained as care manager, ergonomic intervention). Furthermore, patients have the opportunity to place questions related to their operation on their weblog, which will be answered. Additional information concerning the operation and convalescence, as well as a forum, will be available on the weblog.

Contacts

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Eligibility criteria

Inclusion criteria

Employed women (>8hrs/wk), aged between 18-65 years, scheduled in one of the participating hospitals for a hysterectomy or laparoscopic adnexal surgery due to benign disorders.

Exclusion criteria

1. Malignancy;

2. (Ectopic) pregnancy;

3. Deep infiltrating endometriosis;

4. Concomitant surgical procedures or major health problems affecting recovery or daily activities;

5. Sick listed for more than 4 weeks (or more than 2 months when the operation is the reason

of the absence of work);

6. Dealing with a lawsuit against their employer;

7. Not able to understand or complete the questionnaires;

8. No access to the internet.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Placebo

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-12-2009
Enrollment:	144
Type:	Anticipated

Ethics review

Positive opinion

Date:	19-08-2009
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	NL1970
NTR-old	NTR2087
Other	WC 2008/102 : 2009/218
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Study results

Summary results
N/A