# **Continuous non-invasive finger blood pressure monitoring - replacement of invasive pressure?**

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To determine the clinical feasibility and performance of continuous, non-invasive FAP recording by ABM100 as a replacement of intra-arterial pressure in adult patients. Specifically, a) magnitude of pressure gradient distortion of the FAP pulse...

Ethical review	Approved WMO	
Status	Pending	
Health condition type	Other condition	
Study type	Observational non invasive	

# Summary

### ID

NL-OMON30299

**Source** ToetsingOnline

Brief title Non-invasive blood pressure

### Condition

• Other condition

### Synonym

none

#### **Health condition**

circulatie monitoring van patienten tijdens narcose

#### **Research involving**

Human

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### **Sponsors and support**

Primary sponsor: Academisch Medisch Centrum Source(s) of monetary or material Support: Ministerie van OC&W

### Intervention

Keyword: Blood pressure, Monitoring, Non-invasive

### **Outcome measures**

#### **Primary outcome**

- Offset of finger blood pressure measurement in comparison to intra-arterial

pressure

#### Secondary outcome

- easiness of finger cuff application (5 point scale)

# **Study description**

#### **Background summary**

Continuous non-invasive measurement of finger arterial pressure (FAP) in humans was introduced both for research purposes and for clinical medicine. The Finapres device has been shown to provide a useful alternative for continuous intra-arterial measurement in a variety of situations specifically for research purposes. Thus far technical problems related to improper finger cuff wrapping and low plethysmogram with cold fingers have limited application of non-invasive pressure monitoring in clinical medicine. To fill this gap a new monitor ABM100 with better easy-to-use finger cuffs has been developed.

#### **Study objective**

To determine the clinical feasibility and performance of continuous, non-invasive FAP recording by ABM100 as a replacement of intra-arterial pressure in adult patients. Specifically, a) magnitude of pressure gradient distortion of the FAP pulse waveform, b) effects of vasoconstriction on pulse wave disparity, c) effects of reduction of left ventricular ejection period on IAP vs. FAP amplification; d) absolute level offset of systolic, diastolic and mean finger arterial pressures, e) loss of measurement time and f) easiness of finger cuff application and device control are determined.

### Study design

Open prospective study in 30 patients admitted to the AMC for elective surgery who are provided for with an arterial line for monitoring purposes during general anesthesia.

1) Informed consent

2) A finger cuff is applied to the mid-phalanx of the middle finger of the dominant arm; the pressure transducer and the finger cuff are positioned at heart level.

3) Continuous finger arterial and intrabrachial pressures are measured simultaneously. In the first minute of measurement the positions of the finger cuff and pressure transducer are checked for possible hydrostatic level errors and, if necessary, readjusted.

#### Study burden and risks

none

# Contacts

#### Public

Academisch Medisch Centrum

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# **Trial sites**

### **Listed location countries**

Netherlands

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# **Eligibility criteria**

Age Adults (18-64 years) Elderly (65 years and older)

### **Inclusion criteria**

- general anesthesia
- intra-arterial monitoring

# **Exclusion criteria**

Serious symptomatic peripheral vascular disease.

# Study design

## Design

Study type: Observational non invasive		
Masking:	Open (masking not used)	
Control:	Uncontrolled	
Primary purpose:	Treatment	

### Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	01-12-2006
Enrollment:	30
Туре:	Anticipated

# **Ethics review**

Approved WMO 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 CCMO

ID NL14707.018.06