

Perioperative urinary output and course of diuresis during outpatient treatment under general anesthesia.

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Main question: Does a restrictive fluid management during general anesthesia lead to less urinary production? Sub questions: Does a fluid management with colloid fluid during general anesthesia lead to a change in urinary production? Does a different...

Ethical review	Approved WMO
Status	Pending
Health condition type	Therapeutic and nontherapeutic effects (excl toxicity)
Study type	Observational non invasive

Summary

ID

NL-OMON31027

Source

ToetsingOnline

Brief title

urinary output and course of diuresis after general anesthesia

Condition

- Therapeutic and nontherapeutic effects (excl toxicity)
- Urinary tract signs and symptoms
- Therapeutic procedures and supportive care NEC

Synonym

urinary output diuresis

Research involving

Human

Sponsors and support

Primary sponsor: Alysis Zorggroep

Source(s) of monetary or material Support: geen financiële ondersteuning; qua kosten neutraal onderzoek

Intervention

Keyword: general anesthesia, outpatient, urinary output, urinary retention

Outcome measures

Primary outcome

urinary production

Secondary outcome

bloodpressure, heart rate

Study description

Background summary

Hypotension due to vasodilatation or hypovolemia is a common complication during general anesthesia. This is treated by infusion of fluids or vasopressive medication.

Urinary retention is a known postoperative complication after spinal anesthesia but is also seen after general anesthesia. Risk factors for this complication are for example age, duration of surgery or the given amount of fluid.

Unexpected bladder distention is sometimes found in patients who did not seem to be at risk for urinary retention given the duration of surgery or the given amount of fluid. The effect of general anesthesia and the infusion of different kinds of fluid on urinary output and course of diuresis is unknown

In this study we would like to investigate whether there is a correlation in fluidmanagement and hemodynamics under general anesthesia and total perioperative urinary output, to eventually prevent bladderdistention.

Study objective

Main question:

Does a restrictive fluid management during general anesthesia lead to less urinary production?

Sub questions:

Does a fluid management with colloid fluid during general anesthesia lead to a change in urinary production?

Does a different kind of fluidmanagement lead to a difference in hemodynamics during general anesthesia?

Study design

prospective, randomised single-blind study

Study burden and risks

questionary preoperative screening

questionary preoperative

bladderscan preoperative

questionary thirst/bladderdistention/urge every half hour postoperative (minimum of 4 times)

bladderscan every half hour (minimum of 4 times)

collection of urine in case of spontaneous urination

risks:

the standard risks of general anesthesia like hypotension, hypovolemia.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

outpatient treatment under general anesthesia

Exclusion criteria

laparoscopic procedures, patients with a history of mental, hepatic, renal, spinal or neurologic disorders, use of medication, urinary tract disorders

Study design

Design

Study type:	Observational non invasive
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active
Primary purpose:	Other

Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	01-07-2007
Enrollment:	150

Type:

Anticipated

Ethics review

Approved WMO

Application type:

First submission

Review commission:

CMO regio Arnhem-Nijmegen (Nijmegen)

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
EudraCT	EUCTR2007-002483-10-NL
CCMO	NL16685.091.07