

# Processing intra-operative blood loss by two different techniques does it affect the donor blood consumption?

## A prospective randomized pilot study.

Published: 15-03-2011

Last updated: 03-05-2024

This pilot study compares two existing techniques to see if there's a difference in donor blood consumption.

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Coronary artery disorders
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON36304

### Source

ToetsingOnline

### Brief title

Cardiotomy suction study

### Condition

- Coronary artery disorders

### Synonym

angina pectoris, chest pain

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Isala Klinieken

**Source(s) of monetary or material Support:** Het onderzoek wordt gefinancierd door het

ziekenhuis zelf. De Isala klinieken.

## Intervention

**Keyword:** cardiotomy suction, cell salvaging device, donorblood consumption, intra-operative bloodloss

## Outcome measures

### Primary outcome

Of units of blood products:

- Received packed cell
- Received plasma (octaplas)
- Received platelets

### Secondary outcome

not applicable

## Study description

### Background summary

In the last years the Isala clinics have done a lot of work to reduce donor blood consumption. One way to reduce donor blood consumption is to reduce blood activation so that post-operative clotting occurs more quickly. Literature describes that using a cell salvaging device for the process of cardiotomy blood compared with cardiotomy blood given directly to the patient has a beneficial effect on blood activation. Both techniques are used in the Isala clinics.

This study will compare both techniques in our own clinical setting regarding to donor blood consumption.

### Study objective

This pilot study compares two existing techniques to see if there's a difference in donor blood consumption.

### Study design

observational, prospective randomized study

### **Intervention**

The use of the cardiomyotomy or not.

### **Study burden and risks**

This study provides no additional harm or risk to the patients because it compares two generally accepted, existing techniques that are routinely used. Because both techniques are generally used and no additional blood samples or actions are needed for this study there will be no additional burden or risk for the patient.

## **Contacts**

### **Public**

Isala Klinieken

Groot Wezenland 20

8011 JW

NL

### **Scientific**

Isala Klinieken

Groot Wezenland 20

8011 JW

NL

## **Trial sites**

### **Listed location countries**

Netherlands

## **Eligibility criteria**

### **Age**

Adults (18-64 years)

Elderly (65 years and older)

## Inclusion criteria

patients undergoing elective coronary artery bypass grafting chirgury.

## Exclusion criteria

re-operations  
patients with an intra-aortic balloon pump  
renal or hepatic impairment

## Study design

### Design

**Study type:** Interventional

Masking: Single blinded (masking used)

Control: Uncontrolled

Primary purpose: Treatment

### Recruitment

NL  
Recruitment status: Recruitment stopped

Start date (anticipated): 28-03-2011

Enrollment: 30

Type: Actual

## Ethics review

Approved WMO  
Date: 15-03-2011

Application type: First submission

Review commission: METC Isala Klinieken (Zwolle)

## 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
CCMO	NL35015.075.10