Prospective, pharmacokinetic study for determination of the relationship between lean body weight and anti-Xa activity 4 hours after subcutaneous administration of 5700 IU nadroparin in morbidly obese patients after bariatric surgery.

Published: 03-07-2012 Last updated: 26-04-2024

Primary objective: prospective evaluation of the relationship between lean body weight and anti-Xa activity of 5700 IU nadroparin 4 hours after subcutaneous administration in morbidly obese patients. Secundary objectives: - Correlation between other...

Ethical review Approved WMO
Status Recruitment stopped
Health condition type Other condition

**Study type** Observational invasive

## **Summary**

#### ID

NL-OMON37098

#### Source

ToetsingOnline

#### **Brief title**

Nadroparin and anti-Xa activity after bariatric surgery

#### **Condition**

Other condition

#### **Synonym**

morbid obesity, profylaxis thrombosis

1 - Prospective, pharmacokinetic study for determination of the relationship between ... 13-05-2025

#### **Health condition**

antistolling profylaxe bij bariatrische chirurgie

#### Research involving

Human

## **Sponsors and support**

**Primary sponsor:** Rijnstate Ziekenhuis

Source(s) of monetary or material Support: eigen financiering; geen externe bron

#### Intervention

**Keyword:** Anti-Xa activity, Bariatric surgery, Morbid obesity, Nadroparin

#### **Outcome measures**

#### **Primary outcome**

anti-Xa activity 4 hours after subcutaneous administration of 5700 IU

nadroparin

#### **Secondary outcome**

dosage linearity of nadroparin (between 2850 IU and nadrparin 5700 IU)

# **Study description**

#### **Background summary**

Morbidly obesity is an increasing problem in the Western countries in the last 10 years. Morbidly obese patients have increased risk for venous thrombotic events (VTE), such as pulmonary embolism (PE) and deep venous thrombosis (VTE). In addition, bariatric surgery has also increased risk for thromboembolic complications, with significant risk for morbidity and mortality. Low molecular heparin as perioperative atithromobotic prophylaxis is common practice, however, there is a lack of evidence for the dosage of nadroparin. According to smaller cohort studies, higher prophylactic dosage of nadroparin (5700 IU) is needed in morbidly obese patients.

Plasma levels of nadroparin, and indirectly the effect of nadroparin, can be measured by determination of anti-Xa activity. Prophylactic range of anti-Xa activity is 0.2 - 0.5IU/ml 4 hours after administration of nadroparin. In

non-obese patients 2850 IE nadroparin is an adequate dosage to reach this range. In morbidly obese patients, these dosage is unknown. Recent study showed a linear relationship between lean body weight and 5700 IU nadroparin in morbidly obese patients.

### **Study objective**

Primary objective: prospective evaluation of the relationship between lean body weight and anti-Xa activity of 5700 IU nadroparin 4 hours after subcutaneous administration in morbidly obese patients.

Secundary objectives: - Correlation between other body sizes (such as BMI/ total body weight) and renal function (GFR) and anti-Xa activity of 5700 IU nadroparin 4 hours after subcutaneous administration after bariatric surgery.

- Determination of dosage linearity of anti-Xa activity of nadroparin

### Study design

prospective, obeservational (with invasive measurements), pharmacokinetic study

#### Study burden and risks

Because the obeservational nature of the study, there is no directly benefit for participation of the study. The aim of the study is to optimilize perioperative antithrombotic profylaxis after bariatric surgery in morbidly obese patients. Extraprotocolar, the participants will be administered for 3 days nadroparine 2850 IU. Because this short term, the risks are negligible.

## **Contacts**

#### **Public**

Rijnstate Ziekenhuis

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Scientific

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## **Trial sites**

### **Listed location countries**

Netherlands

# **Eligibility criteria**

#### Age

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

### Inclusion criteria

approval for Roux-en-Y gastric bypass body weight of > 140 kg

### **Exclusion criteria**

renal impairment (GFR < 30 and/or serum creatinin > 150) Anticoagulation disorders (PT/APT > 2x norm) Use of oral anticoagulation (such as acenocoumarol) pregnancy

# Study design

## **Design**

Study phase: 4

Study type: Observational invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Prevention

#### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 19-03-2013

Enrollment: 50

Type: Actual

### Medical products/devices used

Product type: Medicine

Brand name: Fraxiparine

Generic name: Nadroparin

Registration: Yes - NL intended use

## **Ethics review**

Approved WMO

Date: 03-07-2012

Application type: First submission

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

Approved WMO

Date: 25-10-2012

Application type: First submission

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

Approved WMO

Date: 10-12-2014

Application type: Amendment

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 EUCTR2012-002816-19-NL

CCMO NL41144.091.12