Evaluating point-of-care prothrombin time measurements for cardiac surgery

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Ex vivo study: What is the relation between increasing heparin concentrations and different protamine:heparin-ratio*s with POC-PT values in blood drawn from healthy volunteers?Clinical study in cardiac surgery: Does the POC-PT device correspond with...

| Ethical review | Approved WMO |
|-----------------------|---|
| Status | Recruitment stopped |
| Health condition type | Coagulopathies and bleeding diatheses (excl thrombocytopenic) |
| Study type | Observational invasive |

Summary

ID

NL-OMON40525

Source ToetsingOnline

Brief title POC-PT study

Condition

- Coagulopathies and bleeding diatheses (excl thrombocytopenic)
- Cardiac therapeutic procedures

Synonym

coagulation status, prothrombin time

Research involving Human

Sponsors and support

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

Intervention

Keyword: Cardiac surgery, Hemostasis, Point-of-care, Prothrombin time

Outcome measures

Primary outcome

The International Normalized Ratio (INR) of the prothrombin time (PT) as

measured with Coaguchek Plus or routine laboratory tests.

Secondary outcome

The ex vivo effect of different protamine:heparin ratio on the POC-PT.

Study description

Background summary

After cardiac surgery information about the coagulation status is required to know if the patient is suspected for coagulopathy. The value of routine laboratory coagulation tests in this setting is restricted by their extensive turnaround times, which estimate 30-60 minutes. The point-of-care (POC) coagulation monitoring device, Coaguchek Pro, which measures the prothrombin time (PT) within 3 minutes, may overcome this limitation. Only a few studies have evaluated the device in patients undergoing cardiac surgery. During cardiac surgery patients receive heparin prior to cardiopulmonary bypass (CPB) to prevent the blood to clot in the extracorporeal circulation. In addition, after weaning from CPB, heparin is reversed by protamine, which in itself acts as an anticoagulant if administered in excess. Due to these factors, which significantly influence hemostasis, coagulation monitors have to be separately validated for their use after CPB. Therefore we aim to evaluate the effect of different heparin concentrations and protamine-heparin ratio*s on the POC-PT in an in vitro setting in blood from healthy volunteers. The second aim of our study is to investigate the optimal timing for POC-PT testing after protamine administration.

Study objective

Ex vivo study:

What is the relation between increasing heparin concentrations and different protamine:heparin-ratio*s with POC-PT values in blood drawn from healthy volunteers?

Clinical study in cardiac surgery:

Does the POC-PT device correspond with the classical laboratory prothrombin time before cardiopulmonary bypass and 3, 6 and 10 minutes following protamine administration in patients undergoing elective cardiac surgery with cardiopulmonary bypass?

Study design

Prospective, single center, observational study in the VUmc

Study burden and risks

There are no serious adverse events expected since all procedures are standard clinical care and do not comprise an intervention that may harm the volunteer or patient. In total 20 mL blood will be drawn from volunteer or patient.

Contacts

Public

Vrije Universiteit Medisch Centrum

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

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

Inclusion criteria

Ex-vivo study

- Healthy volunteers
- Age 18 * 90 years
- Informed consent; Clinical study in cardiac surgery
- Patients undergoing elective cardiothoracic surgery
- Age 18-90 years
- Preoperative hemoglobin of > 5.5 mmol/l
- Informed consent

Exclusion criteria

Ex vivo study

- Subjects with hemostatic deficiencies or previous hemostatic problems
- Subjects using vitamin K antagonists, clopidogrel or dabigatran at the time of surgery.
- Pregnancy; Clinical study in cardiac surgery
- Re-operations and emergency operations
- Use of erythropoietin
- Hepatic or renal failure

Study design

Design

| Study type: Observational invasive | | |
|------------------------------------|-------------------------|--|
| Masking: | Open (masking not used) | |
| Control: | Uncontrolled | |
| Primary purpose: | Diagnostic | |

Recruitment

| NL | |
|---------------------------|---------------------|
| Recruitment status: | Recruitment stopped |
| Start date (anticipated): | 22-04-2014 |
| Enrollment: | 64 |

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Type:

Actual

Medical products/devices used

| Generic name: | Point-of-care prothrombin time |
|---------------|--------------------------------|
| Registration: | Yes - CE intended use |

Ethics review

| Approved WMO | |
|--------------------|--------------------|
| Date: | 19-03-2014 |
| Application type: | First submission |
| Review commission: | METC Amsterdam UMC |

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 NL43303.029.13