

Omega-3 fatty acids in bariatric gastric bypass surgery: effects on liver volume, immune response and erythrocyte function

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Ethical review	Approved WMO
Status	Recruiting
Health condition type	Appetite and general nutritional disorders
Study type	Interventional

Summary

ID

NL-OMON40548

Source

ToetsingOnline

Brief title

OLIVIER

Condition

- Appetite and general nutritional disorders
- Gastrointestinal therapeutic procedures

Synonym

excess body weight, Morbid obesity

Research involving

Human

Sponsors and support

Primary sponsor: Medisch Centrum Alkmaar

Source(s) of monetary or material Support: Europese Unie

Intervention

Keyword: bariatric surgery, liver volume, morbid obesity

Outcome measures

Primary outcome

The main study parameter is liver volume after pre-treatment with a low calorie diet compared to pre-treatment with omega-3 fatty acids.

Secondary outcome

The effect of omega-3 fatty acids on the perioperative immune response and low-grade inflammatory state in adipose tissue.

The effect of omega-3 fatty acids on the perioperative stress response.

The effect of omega-3 fatty acids on the function of the red blood cell.

The effect of gastric bypass surgery on weight, immune response, stress response and red blood cell function.

Study description

Background summary

Gastric bypass surgery is the gold standard in bariatric surgery and is a successful method to reduce weight in morbidly obese subjects. Patients qualified for gastric bypass surgery are routinely pre-treated with a low

calorie diet in order to reduce liver volume and to facilitate the approach of the gastro-oesophageal junction. Pre-treatment with omega-3 fatty acids has similar effects on liver volume, but a prospective comparison of both treatments has not been performed yet. Morbidly obese patients respond differently to surgical stress, due to a number of factors. First, obesity is associated with a low-grade inflammatory state induced by an increased amount of macrophages in adipose tissue. This state is associated with higher levels of pro-inflammatory cytokines in serum and with a less adequate immune response to infections. Second, obesity is associated with an altered cortisol metabolism possibly related to adrenal insufficiency. This could play an important role in the altered response to surgical stress and postoperative complications in obese subjects. Third, obesity is associated with altered erythrocyte function, including decreased erythrocyte deformability and increased aggregation, factors contributing to an impaired microcirculation. This study has a number of different aims. First, we will compare pre-treatment with the standard low calorie diet with omega-3 fatty acids on liver volume in patients qualified for gastric bypass surgery because of morbid obesity. Second, we will investigate the effect of omega-3 fatty acids on immune function before and after bariatric surgery. Third, we will investigate the effect of omega-3 fatty acids on the low-inflammatory state of adipose tissue. Fourth, we will assess the effect of omega-3 fatty acids on the stress response of obese subjects before and after the and after bariatric surgery. Fifth, we will investigate the effect of omega-3 fatty acids on erythrocyte function before and after the and bariatric surgery.

Study objective

Our primary objective is to compare pre-treatment with the standard low calorie diet with pre-treatment with supplemental omega-3 fatty acids on liver volume. Secondary objectives are patient satisfaction about different dietary pre-treatments, the effect of omega-3 fatty acids before and after bariatric surgery on immune function, level of inflammatory state in adipose tissue and function of involved leucocytes, cortisol response, erythrocyte function, and the long term effect of bariatric surgery on immune function and erythrocyte function six months after surgery.

Study design: This study is set up as a randomised controlled open label trial.

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Intervention

Omega-3 fatty acids capsules, twice a day one capsule, during 2 weeks prior to gastric bypass surgery.

Study burden and risks

The burden and risks associated with participation are associated with the possible side effects of omega-3 fatty acids and two MRI measurements of liver volume, small risk of additional peroperative blood loss because of abdominal tissue biopsies and collection of venous blood samples at every time point of the study.

Contacts

Public

Medisch Centrum Alkmaar

Wilhelminalaan 12
Alkmaar 1815JD
NL

Scientific

Medisch Centrum Alkmaar

Wilhelminalaan 12
Alkmaar 1815JD
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

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

Inclusion criteria

- Females undergoing laparoscopic gastric bypass surgery because of morbid obesity
- Age between 18 and 65 years

- Written informed consent
- Patient will fit in the MRI-scan based on waist circumference (less than approx. 150cm and body weight less than 200kg)

Exclusion criteria

- Pregnancy
- Diabetes mellitus type 1
- Current history of inflammatory, infectious or malignant disease
- The use of anti-inflammatory drugs
- Contra-indications for the use of omega-3 fatty acids
- Patient previously underwent bariatric procedures

Study design

Design

Study phase:	4
Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Prevention

Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	12-11-2014
Enrollment:	62
Type:	Actual

Medical products/devices used

Product type:	Medicine
Brand name:	Omega 3 fatty acids
Generic name:	Omega 3-acid-ethyl esters

Registration: Yes - NL outside intended use

Ethics review

Approved WMO	
Date:	06-01-2014
Application type:	First submission
Review commission:	METC Amsterdam UMC
Approved WMO	
Date:	17-03-2014
Application type:	First submission
Review commission:	METC Amsterdam UMC
Approved WMO	
Date:	12-01-2015
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO	
Date:	16-01-2015
Application type:	Amendment
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	ID
EudraCT	EUCTR2013-004750-24-NL

Register

CCMO

ID

NL47021.029.13