

Single-port thoracoscopic sympathectomy for treatment of raynaud's phenomenon, a feasibility study.

Published: 01-09-2015

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To quantify blood-flow changes after unilateral sympathectomy

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Vascular haemorrhagic disorders
Study type	Interventional

Summary

ID

NL-OMON46918

Source

ToetsingOnline

Brief title

SPTS in Raynaud's

Condition

- Vascular haemorrhagic disorders

Synonym

Raynaud's disease

Research involving

Human

Sponsors and support

Primary sponsor: Universitair Medisch Centrum Groningen

Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: Raynaud, Sympathicotomy

Outcome measures

Primary outcome

Cooling pletysmography

Nailbed microscopy

Secondary outcome

Quality of life

Complaints diary

Study description

Background summary

Raynaud phenomenon is a disease affecting predominantly young people, leading to painful, cold and white fingers, often impairing hand and finger function. Treatments exist, including medication. However, a number of patients do not respond to all known treatments. In this group we would like to evaluate the effect of a minimal invasive sympathicotomy (intra-thoracic lesion of the sympathetic nerve). This treatment is frequently used in patients with severe hyperhidrosis of the hands and axillary region, not responding to other treatments. Since in this patients a known (side) effects is a increase in manual blood flow, it makes sense to deduct that people suffering from severe raynaud's will benefit to.

Study objective

To quantify blood-flow changes after unilateral sympathicotomy

Study design

Single-center feasibility study in 10 patients. Unilateral intervention en quantification of blood-flow and quality of life. When effective, treatment on the opposite side will be offered.

Intervention

Unilateral single-port sympathectomy

Study burden and risks

The complaints in this patients group are very intense. The minimal invasive procedure might offer a elegant, permanent solution, without serious risks.

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

18-65 years of age

Severe form of RP, defined as clinical need of prostacyclin analogue infusions having been given in the preceding 2 years, without satisfying result OR
Severe form of RP, defined as clinical limiting in everyday life for the patient with presence of a contra-indication for prostacyclin, without satisfying result of standard care.

Exclusion criteria

- Due to higher risk of complications following unilateral lung-deflation and re-insufflation:
 - o Known COPD with evidence of emphysematous lung destruction on X-thorax or CT
 - o History of smoking > 20 pack years
 - o Lung involvement due to systemic autoimmune disease (based on previously described abnormalities on HRCT or documented pulmonary hypertension by mean pulmonary artery pressure 25 mmHg at rest measured by right heart catheterisation).
- Concurrent neurological disease

Study design

Design

Study type: Interventional

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Treatment

Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 12-05-2016

Enrollment: 10

Type: Actual

Ethics review

Approved WMO

Date: 01-09-2015

Application type: First submission

Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)
Approved WMO	
Date:	12-03-2018
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)

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
ClinicalTrials.gov	NCTvolgtnog
CCMO	NL52348.042.15