Perioperatieve pijnbestrijding en uitkomsten na pancreasresecties in het LUMC

Gepubliceerd: 22-11-2017 Laatst bijgewerkt: 18-08-2022

Epidral analgesia has superior pain management outcomes. On the other hand we hypothize EA requires more aggressive hemodynamic support, leading to higher risk of postoperative complications.

Ethische beoordeling	Positief advies
Status	Werving gestart
Type aandoening	-
Onderzoekstype	Observationeel onderzoek, zonder invasieve metingen

Samenvatting

ID

NL-OMON22401

Bron
NTR

Aandoening

Epidural analgesia (EA) is the current golden standard for perioperative pain management in most abdominal surgery. However, as demonstrated by the variety of reported use of EA (ranging approximately from 10%-84%), the golden standard in patients undergoing pancreatectomy has yet to be determined.The reported benefits from EA in abdominal surgery might not apply to patients undergoing pancreatectomy.

In contrast to the beneficial reported effect on postoperative complications of EA in abdominal surgery, recent studies described an adverse effect of EA on postoperative complications, Intensive Care Unit (ICU) admissions and length of hospital stay (LOS). Although some studies reported a (marginally) better postoperative pain control in patient with EA compared to other analgesic management options, detailed reports on pain outcomes after pancreatectomy are sparse.

The aim of this study is to evaluate the current practice of analgesic management and outcomes in patients undergoing pancreatectomy in our tertiary referral center.

Ondersteuning

Primaire sponsor: Leiden University Medical Center
Overige ondersteuning: Bas Mulder Award (grant UL2015-7665) from the Alpe d'HuZes foundation/Dutch Cancer Society

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Mean NRS on first ten postoperative days

Toelichting onderzoek

Achtergrond van het onderzoek

Epidural analgesia (EA) is the current golden standard for perioperative pain management in most abdominal surgery. However, as demonstrated by the variety of reported use of EA (ranging approximately from 10%-84%), the golden standard in patients undergoing pancreatectomy has yet to be determined. The reported benefits from EA in abdominal surgery might not apply to patients undergoing pancreatectomy.

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The aim of this study is to evaluate the current practice of analgesic management and outcomes in patients undergoing pancreatectomy in our tertiary referral center.

Doel van het onderzoek

Epidral analgesia has superior pain management outcomes. On the other hand we hypothize EA requires more aggressive hemodynamic support, leading to higher risk of postoperative complications.

Onderzoeksopzet

- Data collection start dec 2017

- Data analyses start feb 2018

- First draft apr 2018

- Submission jun 2018

Onderzoeksproduct en/of interventie

Observational study in patient with epidural versus non-epidural analgesia

Contactpersonen

Publiek

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

All consecutive patients undergoing elective or emergency (open procedure) pancreatectomy for (suspected) malignant disease

Belangrijkste redenen om niet deel te kunnen nemen

(Exclusiecriteria)

Laparoscopic procedure.

Onderzoeksopzet

Opzet

Type:	Observationeel onderzoek, zonder invasieve metingen
Onderzoeksmodel:	Parallel
Toewijzing:	Niet-gerandomiseerd
Blindering:	Open / niet geblindeerd
Controle:	N.v.t. / onbekend

Deelname

Nederland

Status:	Werving gestart
(Verwachte) startdatum:	01-12-2017
Aantal proefpersonen:	300
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies

Datum:	22-11-2017
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL6701
NTR-old	NTR6871
Ander register	Commissie Medische Ethiek, Leids Universitair Medische Centrum : G12.059

Resultaten