# Effect of intravenous fluid restriction on hospital stay and complications after abdominal surgery: a randomised triple-blinded clinical trial.

Gepubliceerd: 07-04-2006 Laatst bijgewerkt: 18-08-2022

A restrictive fluid regimen is beneficial for postoperative recovey after abdominal surgery, as to hospital stay and postoperative complications.

| | |
|---|---|
| **Ethische beoordeling** | Positief advies |
| **Status** | Werving tijdelijk gestopt |
| **Type aandoening** | - |
| **Onderzoekstype** | Interventie onderzoek |

## Samenvatting

### ID

NL-OMON23891

**Bron**
Nationaal Trial Register

**Verkorte titel**
N/A

### Ondersteuning

**Primaire sponsor:** The study was supported by a grant from the Centre for Clinical Practice Guidelines, Academic Medical Centre at the University of Amsterdam, and the Dutch Health Care Insurance Board.

### Onderzoeksproduct en/of interventie

### Uitkomstmaten

**Primaire uitkomstmaten**

Length of hospital stay.

# Toelichting onderzoek

### Achtergrond van het onderzoek

Background:

Intravenous fluid administration after abdominal surgery is an essential, but variable part of postoperative care. The optimum suppletion volume after abdominal surgery is unknown. In colorectal surgery a restrictive fluid regime was found to reduce complications. We investigated the benefits of a restrictive postoperative intravenous fluid management in patients undergoing elective abdominal surgery.

Methods:

In a triple-blinded trial we randomly allocated patients undergoing elective abdominal surgery to a restrictive postoperative regime of 1,5 litre intravenous fluid/24h vs. 2,5 litre/24h, which was standard hospital practice. Primary outcome measure was length of hospital stay (LOS), secondary measures were postoperative complications and time to restoration of gastric functions and normal diet.

### Doel van het onderzoek

A restrictive fluid regimen is beneficial for postoperative recovey after abdominal surgery, as to hospital stay and postoperative complications.

### Onderzoeksopzet

N/A

### Onderzoeksproduct en/of interventie

1,5 litre intravenous fluid/24h vs. 2,5 litre/24h.

# Contactpersonen

## Publiek

Academic Medical Center (AMC), Department of Surgery, G4-233,
P.O. Box 22660

H. Vermeulen
Meibergdreef 9
Amsterdam 1100 DD
The Netherlands

### Wetenschappelijk

Academic Medical Center (AMC), Department of Surgery, G4-233,
P.O. Box 22660
H. Vermeulen
Meibergdreef 9
Amsterdam 1100 DD
The Netherlands

## Deelname eisen

### Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. Abdominal surgery;

2. Age > 18;

3. ASA I-III;

4. Understanding the Dutch language;

5. Signed informed consent.

### Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Cardiac diseases (NYHA > III en CCS > III);

2. Contraindications for epidural analgesia;

3. Presence of diabetes mellitus;

4. Planned for liver or oesophageal surgery;

5. Participating in another trial;

and/or anticipated postoperative stay in the Intensive Care Unit.

# Onderzoeksopzet

## Opzet

| | |
|---|---|
| Type: | Interventie onderzoek |
| Onderzoeksmodel: | Parallel |
| Toewijzing: | Gerandomiseerd |
| Blindering: | Dubbelblind |
| Controle: | Actieve controle groep |

## Deelname

Nederland

| | |
|---|---|
| Status: | Werving tijdelijk gestopt |
| (Verwachte) startdatum: | 01-05-2004 |
| Aantal proefpersonen: | 100 |
| Type: | Verwachte startdatum |

# Ethische beoordeling

Positief advies

| | |
|---|---|
| Datum: | 07-04-2006 |
| 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 | NL588 |
| NTR-old | NTR644 |
| Ander register | : N/A |
| ISRCTN | ISRCTN16719551 |

# Resultaten

**Samenvatting resultaten**
N/A