Substitution of usual perioperative care by e-health & ICT

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Considerable health efficiency gains can be achieved by the substitution and optimization of usual perioperative care by means of e-health and ICT.

Ethische beoordeling	Positief advies
Status	Werving gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON28636

Bron
Nationaal Trial Register

Verkorte titel
Ikherstel3.0

Aandoening

Perioperative care, E-health, Hysterectomy, adnexal surgery, cholecystectomy, colectomy, appendectomy, inguinal hernia surgery,

Perioperatieve zorg, E-health, Hysterectomie, adnex chirurgie, cholecystectomie, colectomie, hernia inguinalis repair,

Ondersteuning

Primaire sponsor: VU University Medical Center, EMGO-Institute
Overige ondersteuning: ZON-MW, The Netherlands Organization for Health Research and Development

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

- Quality-of-life
- Return-to-normal activities including work (RNA/RTW)

Toelichting onderzoek

Achtergrond van het onderzoek

In the last decade the number of surgeries increased with 30% in the Netherlands. The increase of surgeries leads to rising hospital care costs. To reduce costs, in-hospital perioperative care is increasingly reduced due to one day hospitalisations and transferred to primary care. Guidance & monitoring on recovery and resumption of (work)activities are mostly not provided in secondary and primary care. Studies showed that due to the poor quality of usual perioperative care, return-to-normal-activities/work after surgery is hampered, leading to high productivity loss costs. We hypothesize that considerable health efficiency gains can be achieved by the substitution and optimization of usual perioperative care by means of e-health and ICT. In this trial we will study the (cost)effectiveness of a transmural, perioperative care program for patients undergoing abdominal surgery.

Doel van het onderzoek

Considerable health efficiency gains can be achieved by the substitution and optimization of usual perioperative care by means of e-health and ICT.

Onderzoeksopzet

1. Baseline;
2. 1 week;
3. 3 weeks;
3. 6 weeks;
4. 12 weeks;
5. 6 months.

Onderzoeksproduct en/of interventie

Multidisciplinary peri-operative care program including an interactive webportal. It aims to improve recovery and reduce costs by:

-SELFMANAGEMENT & EMPOWERMENT of patients during the perioperative period by supporting them with personalized pre- and postoperative recommendations to return to normal

(work) activities. These recommendations are tailor made: they are based on patient's own input of normal preoperative activities and the surgical technique applied (using algoritms). An accelerometer will be used as an aid for patients to monitor and give feedback on recovery. Patients have to wear the accelerometer from the seventh day before surgery and a number weeks after surgery.

-MONITORING OF POSTOPERATIVE CARE: With the webportal the patient as well as all involved physicians can monitor patient's recovery (bench mark information) and thus identify recovery problems.

-E-CONSULTATION is offered to patients to ask questions in case of recovery problems or to substitute standard postoperative consultation in outpatient clinics.

Contactpersonen

Publiek

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

All patients aged from 18 to 75 years old who are on the waiting list for an elective laparoscopic cholecystectomy, open or laparoscopic inguinal hernia surgery, or elective laparoscopic adnexal surgery.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

- (suspicion of) malignancy
- Deep infiltrating endometriosis
- Adnexal surgery because of pelvic inflammatory disease/ tubal ovarian abces
- Combination of surgery with other surgical procedures
- Concomitant health problems affecting daily activities
- Severe comorbidity which might complicate the postoperative course
- Patient who are unable to understand the information belonging the research
- Insufficient understanding or ability to fill in (Dutch) questionnaires

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Open / niet geblindeerd
Controle:	Geneesmiddel

Deelname

Nederland

Status:	Werving gestart
(Verwachte) startdatum:	01-09-2015
Aantal proefpersonen:	307

Type:	Verwachte startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Nog niet bepaald

Ethische beoordeling

Positief advies

Datum:	18-07-2014
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	NL4556
NTR-old	NTR4699
Ander register	ZonMW : 837002409

Resultaten

Samenvatting resultaten
N/A