



Essai Clinique

Généré le 24 avr. 2024 à partir de

Titre	Programme préopératoire d'entraînement musculaire inspiratoire pour prévenir les complications pulmonaires en postopératoire de chirurgie thoracique
Protocole ID	PreHab
ClinicalTrials.gov ID	NCT02934230
Type(s) de cancer	Autre
Phase	Autres
Institution	CENTRE HOSPITALIER DE L'UNIVERSITE DE MONTREAL
Ville	
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Statut	Fermé
But étude	<p>The rapid aging of the population means that anesthesiologists care for elderly patients with increasing regularity. Although age is an independent predictor for adverse postoperative outcomes, significant outcome variation exists among older surgical patients. Frailty, a syndrome that describes an aggregate susceptibility to adverse health outcomes due to age-, and disease-related deficits that accumulate across multiple domains is a key predictor of adverse postoperative outcomes in elderly patients. Frail surgical patients are at increased risk of complications, institutionalization, death, and are high healthcare resource users. Multiple stakeholders, including anesthesiologists and patients, have identified improving the outcomes of older patients and preoperative exercise training (prehabilitation) as 2 of the 10 most important areas for future perioperative research. Physical vulnerability is an important aspect of the frailty syndrome, and may be amenable to structured exercise therapy. However, the evidence for preoperative exercise training (prehabilitation) improving postoperative outcomes is obscured by methodological limitations and a focus on non-elderly patients. Recently, evidence has emerged that older and sicker patients may benefit most from prehab, however, this hypothesis has not been formally tested. Because the complex needs of frail perioperative patients require a longitudinal and multidisciplinary approach, the investigators are developing a perioperative surgical home for the frail elderly (PSH-Frail). Development of the PSH-Frail is supported by a robust data collection system, including linkage of prospectively collected data to health administrative data infrastructure to improve efficiency and long-term follow up. The investigators hypothesize that prehabilitation will be a vital intervention supported by the PSH frail, however, high quality evidence from randomized trials is needed to support its efficacy. Therefore, the investigators propose a single center randomized controlled trial of prehabilitation of frail elderly patients having elective abdominal and thoracic cancer surgery to improve postoperative function (primary outcome), and to decrease postoperative resource utilization (secondary outcomes).</p>
Critères d'éligibilité	<ul style="list-style-type: none">• 60 years or older• scheduled to undergo elective surgery for intraabdominal or thoracic cancer• diagnosed with frailty based on the Clinical Frailty Scale (CFS; score of >4/9 defines frailty)
Critères d'exclusion	<ul style="list-style-type: none">• cannot communicate in written or oral form in official languages serviced by TOH (English or French)• unwilling to participate in home-based prehabilitation• major cardiac risk factors• scheduled to undergo surgery in fewer than 3 weeks from randomization