

High-flow nasal cannula versus standard oxygen therapy assisting sedation during endoscopic retrograde cholangiopancreatography in high risk cases: A randomised multicentre trial

ACTRN12619000397112

Status	RECRUITING
Sponsor	The Queen Elizabeth Hospital Anaesthesia Department
Enrollment	132 participants

Plain Language Summary

When doctors perform an endoscopic procedure called ERCP — a procedure that uses a camera and X-rays to look at the bile ducts and pancreas — patients receive sedation. During sedation, oxygen levels in the blood can drop, which is a real safety concern. This study compares two ways of giving extra oxygen during sedation: standard low-flow nasal tubes versus high-flow nasal cannula (HFNC), which delivers warm, humidified oxygen at higher rates.

The study focuses on patients who are at higher risk of oxygen drops — including those who are obese, have sleep apnoea, or are generally sicker (ASA class 3 or 4). Researchers want to find out if high-flow oxygen delivery keeps blood oxygen levels more stable throughout the procedure.

You may be eligible if you are an adult scheduled for ERCP who falls into a higher-risk category (e.g. BMI over 30, sleep apnoea, or significant other health conditions). People with very difficult airways, those requiring a breathing tube and general anaesthesia, or those at high risk of inhaling stomach contents would not be eligible.

Key Eligibility Criteria

Inclusion (1)

- Adults (aged over 18 years) fulfilling any of these criteria: ASA 3, or 4, obesity (BMI above 30 kg/m²), obstructive sleep apnoea diagnosed by polysomnography, being treated with CPAP for OSA, or suspected OSA based on STOP BANG greater than or equal to 3

Exclusion (7)

- Deemed “difficult airway” and/or difficult intubation based on clinical judgement and known previous difficult airway.
- Severe cardio-respiratory compromise or any other indications that warrant the procedure to be done under general anaesthesia with endotracheal tube.
- Patients judged at significant risk of pulmonary aspiration. Risk assessment will be based on patient history (focussing particularly on risk factors for aspiration) and physical examination. Possible risk factors for aspiration include:
 - a) Increased gastric content, delayed gastric emptying, including lap band in situ, lack of fasting (less than six hours' solids and two hours for clear fluid).
 - b) Increased regurgitation risk: Uncontrolled or symptomatic gastro-oesophageal reflux, oesophageal strictures, Zenker Diverticulum and achalasia.

... and 2 more (see full listing online)

Locations (3 total)

The Queen Elizabeth Hospital - Woodville, NSW,SA, Australia
The Royal Adelaide Hospital - Adelaide, NSW,SA, Australia
John Hunter Hospital - New Lambton, NSW,SA, Australia

<https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?ACTRN=ACTRN12619000397112>

DISCLAIMER: This document is for informational purposes only and does not constitute medical advice. Always consult your healthcare provider before enrolling in any clinical trial. Information may not be up to date — verify details at anzctr.org.au. Generated by ClinicalTrialsFinder.org.