

Clinical Trial Protocol

Iranian Registry of Clinical Trials

24 Jul 2026

A clinical trial to compare the effectiveness of administration of the one third of intraoperative fluid with standard amount of fluid on pulmonary complications after lobectomy of left lung

Protocol summary

Study aim

To compare the effectiveness of administration of the one third of intraoperative fluid with standard amount of fluid on pulmonary complications after lobectomy of left lung

Design

This randomized and double-blind clinical trial with parallel and control groups will be conducted on 140 patients who will be randomly selected using the random number table.

Settings and conduct

Patients candidate for lobectomy of left lung referring to Ghaem Hospital, Mashhad, Iran are chosen as the participants of the study. In this double-blind study, sealed opaque envelopes will be used to conceal the sequencing. Intervention group will receive the one third of intraoperative fluid and control will receive standard amount of fluids. The participants and responsible for data collection are blind to group allocation and the type of intervention.

Participants/Inclusion and exclusion criteria

Inclusion criteria: Patients with ASA I, II or III, who are candidate for lobectomy of left lung; not having cardiovascular disease; not having kidney failure; not having systemic disease such as diabetes, hypertension and thyroid disease. Exclusion criteria: Receiving high intraoperative blood transfusion volume greater than 50 percent of the total blood volume of patient during three hours; receiving diuretics and osmotic substances before surgery; patient cardiopulmonary arrest.

Intervention groups

The intervention group will receive midazolam, fentanyl and propofol to induce anesthesia, then will receive one third of fluid maintenance during surgery. The control group will receive midazolam, fentanyl and propofol to induce anesthesia, then will receive standard rate of fluid maintenance during surgery.

Main outcome variables

Evaluation the total fluid rate injection during intraoperative, duration of anesthesia, duration of hospitalization, pulmonary complications and mortality rate.

General information

Reason for update

Acronym

IRCT registration information

IRCT registration number: **IRCT20220627055294N1**

Registration date: **2022-06-30, 1401/04/09**

Registration timing: **prospective**

Last update: **2022-06-30, 1401/04/09**

Update count: **0**

Registration date

2022-06-30, 1401/04/09

Registrant information

Name

Mandana Jahanian

Name of organization / entity

Country

Iran (Islamic Republic of)

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Email address

jahanianm991@mums.ac.ir

Recruitment status

Recruitment complete

Funding source

Expected recruitment start date

2022-08-23, 1401/06/01

Expected recruitment end date

2023-08-23, 1402/06/01

Actual recruitment start date

empty

Actual recruitment end date

empty

Trial completion date

empty

Scientific title

A clinical trial to compare the effectiveness of administration of the one third of intraoperative fluid with standard amount of fluid on pulmonary complications after lobectomy of left lung

Public title

The effectiveness of the amount of intraoperative fluid administration on pulmonary complications after lobectomy of left lung

Purpose

Prevention

Inclusion/Exclusion criteria**Inclusion criteria:**

Patients with ASA I, II or III, who are candidate for lobectomy of left lung Not having cardiovascular disease Not having kidney failure Not having systemic disease such as diabetes, hypertension and thyroid disease

Exclusion criteria:

Receiving high intraoperative blood transfusion volume greater than 50 percent of the total blood volume of patient during three hours Receiving diuretics and osmotic substances before surgery Patient cardiopulmonary arrest

Age

No age limit

Gender

Both

Phase

2-3

Groups that have been masked

- Care provider
- Outcome assessor

Sample sizeTarget sample size: **140****Randomization (investigator's opinion)**

Randomized

Randomization description

In this study, simple randomization will be used by random number table based on SAS (statistical analysis system), software. A list of sequentially number 1 to 10 will be created. This list will assign numbers randomly by computer. Patients are randomly assigned according to the numbers of this list. To conceal, we use allocation concealment, using non-transparent envelopes sealed with random sequences (Sequentially numbered, sealed, opaque envelopes). They are placed in order. In order to maintain the random sequence, numbering is done on the outer surface of the envelopes in the same way. Finally, the lids of the envelopes are glued and placed inside a box, respectively. At the beginning of the registration of participants, based on the order of entry of eligible participants in the study, one of the envelopes will be opened in order and the assigned group of the

participant will be revealed.

Blinding (investigator's opinion)

Double blinded

Blinding description

Patients candidate for lobectomy of left lung referring to Ghaem Hospital, Mashhad, Iran are chosen as the participants of the study. In this double-blind study, sealed opaque envelopes will be used to conceal the sequencing. Intervention group will receive the one third of intraoperative fluid and control will receive standard amount of fluids. The participants and responsible for data collection are blind to group allocation and the type of intervention.

Placebo

Not used

Assignment

Parallel

Other design features**Secondary Ids**

empty

Ethics committees**1****Ethics committee****Name of ethics committee**

Ethics Committee of Mashhad University of Medical Sciences

Street address

Vice Chancellor for Research, Mashhad University of Medical Sciences, Ghoreishi building, Daneshgah Street

City

Mashhad

Province

Razavi Khorasan

Postal code

9195965919

Approval date

2022-05-31, 1401/03/10

Ethics committee reference number

IR.MUMS.MEDICAL.REC.1401.176

Health conditions studied**1****Description of health condition studied**

Pulmonary complications after lobectomy

ICD-10 code

J95.3

ICD-10 code description

Chronic pulmonary insufficiency following surgery

Primary outcomes**1****Description**

The total fluid rate injection during intraoperative

Timepoint

During surgery

Method of measurement

Total volume of injected fluids in cc per kg

2

Description

Duration of anesthesia

Timepoint

After intervention

Method of measurement

The number of hours of postoperative anesthesia

3

Description

The duration of hospitalization

Timepoint

Two weeks after intervention

Method of measurement

The number days of hospitalization

4

Description

Pulmonary complications (acute respiratory distress syndrome, intubation, atelectasis, pneumonia, persistent air leaks)

Timepoint

48 hours after intervention

Method of measurement

Based on clinical examinations

5

Description

Mortality rate

Timepoint

48 hours after intervention

Method of measurement

Calculating a mortality rate

Secondary outcomes

empty

Intervention groups

1

Description

Intervention group: The intervention group will receive midazolam, fentanyl and propofol to induce anesthesia, then will receive one third of fluid maintenance during surgery.

Category

Prevention

2

Description

Control group: The control group will receive midazolam, fentanyl and propofol to induce anesthesia, then will receive standard rate of fluid maintenance during surgery.

Category

Prevention

Recruitment centers

1

Recruitment center

Name of recruitment center

Ghaem Hospital

Full name of responsible person

Mandana Jahanian

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Ghaem Hospital, Ahmadabad Street, Dr. Ali Shariati Square

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Sponsors / Funding sources

1

Sponsor

Name of organization / entity

Mashhad University of Medical Sciences

Full name of responsible person

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Grant name

Grant code / Reference number

Is the source of funding the same sponsor organization/entity?

Yes

Title of funding source

Mashhad University of Medical Sciences

Proportion provided by this source

100

Public or private sector

Public

Domestic or foreign origin

Domestic

Category of foreign source of funding

empty

Country of origin**Type of organization providing the funding**

Academic

Person responsible for general inquiries**Contact****Name of organization / entity**

Mashhad University of Medical Sciences

Full name of responsible person

Mandana Jahanian

Position

Resident

Latest degree

Medical doctor

Other areas of specialty/work

Anesthesiology

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Person responsible for scientific inquiries**Contact****Name of organization / entity**

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Full name of responsible person

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Person responsible for updating data**Contact****Name of organization / entity**

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Sharing plan**Deidentified Individual Participant Data Set (IPD)**

Yes - There is a plan to make this available

Study Protocol

Undecided - It is not yet known if there will be a plan to make this available

Statistical Analysis Plan

Not applicable

Informed Consent Form

Yes - There is a plan to make this available

Clinical Study Report

Yes - There is a plan to make this available

Analytic Code

Not applicable

Data Dictionary

Not applicable

Title and more details about the data/document

The research data obtained from the main outcomes of the study can be shared freely as 'open data'.

When the data will become available and for how long

6 months after publishing the results

To whom data/document is available

The research data is exclusively accessible to the researchers working at universities and centers for scientific research.

Under which criteria data/document could be used

The research data is exclusively accessible to the researchers working at universities and centers for scientific research.

From where data/document is obtainable

Mandana Jahanian provides the data analysis to the applicants via email: jahanianm991@mums.ac.ir
What processes are involved for a request to access data/document

Applicants can send emails to him and receive a response within a week.
Comments