

# Clinical Trial Protocol

## Iranian Registry of Clinical Trials

03 Jul 2026

### Effect of Different Levels Positive End-Expiratory Pressure on the Incidence of Atelectasis After Heart Surgery

#### Protocol summary

##### Summary

This phase 2 Double blind, controlled randomized clinical trial aimed to evaluate the effect of different levels of positive end-expiratory pressure on atelectasis in patients after heart surgery. Following obtaining the permission from the ethics committee, 180 person are selected and classified as three different groups (n = 60). Patients are selected using convenience sampling method and randomly assigned in three groups including low level or control group (PEEP = 5), intermediate level (PEEP = 8), and high level (PEEP = 10). Inclusion criteria including: Patients candidate for non-emergency open heart surgery aged 18 until 65 years; No ejection fraction less than 30% in the angiography form, before surgery; No history of chronic airway obstruction disease and lung trauma; No history of open heart surgery or lung surgery; No history of rib fractures and chest tube insertion; No body mass index greater than 40. Exclusion criteria including: Arterial systolic pressure less than 90 mmHg despite of fluid intake; Arterial blood pH less than 7.30; arterial carbon dioxide pressure greater than 50 mmHg; arterial oxygen saturation less than 80% despite of supplemental oxygen intake; Aortic cross clamp time longer than 150 minutes; Cardiopulmonary bypass time longer than 240 minutes; Using intra aortic balloon pump (IABP) intraoperative and postoperative; Intubation over 24 hours; Also, the patient will be excluded from the study when he/she retransfers to the operating room or when he/she needs ventilator therapy protocols apart from of research protocols. Patients in the control group receive 5 cmH<sub>2</sub>O positive end expiratory pressure since entering the intensive care unit until the removal of the endotracheal tube. Patient in the intermediate and high levels will receive an average 8 and 10 cmH<sub>2</sub>O positive end expiratory pressure (PEEP) for 4 hours, (provided that the hemodynamic status is not disrupted). They will receive 5 cmH<sub>2</sub>O PEEP until the endotracheal tube removal. The intervention is stopped, in case of hypotension to 10 mmHg from the patient baseline blood

pressure. Vital signs and arterial blood parameters will be evaluated before intervention, one and 4 hours after intervention inception and after extubation respectively. The incidence of atelectasis will be polled from the radiologists 2 hours after extubation and on the third day after surgery, according to the ray chest radiography.

#### General information

##### Acronym

##### IRCT registration information

IRCT registration number: **IRCT201507307494N14**

Registration date: **2015-09-22, 1394/06/31**

Registration timing: **prospective**

Last update:

Update count: **0**

##### Registration date

2015-09-22, 1394/06/31

##### Registrant information

##### Name

Masoumeh Bagheri Nesami

##### Name of organization / entity

Mazandaran University of Medical Sciences

##### Country

Iran (Islamic Republic of)

##### Phone

+98 11 3336 7551

##### Email address

mbagheri@mazums.ac.ir

##### Recruitment status

**Recruitment complete**

##### Funding source

Vice chancellor for research of Mazandaran University of Medical Science

##### Expected recruitment start date

2015-09-23, 1394/07/01

**Expected recruitment end date**

2016-02-20, 1394/12/01

**Actual recruitment start date**

empty

**Actual recruitment end date**

empty

**Trial completion date**

empty

**Scientific title**

Effect of Different Levels Positive End-Expiratory Pressure on the Incidence of Atelectasis After Heart Surgery

**Public title**

Effect of Different Levels Positive End-Expiratory Pressure on the Incidence of Atelectasis After Heart Surgery

**Purpose**

Prevention

**Inclusion/Exclusion criteria**

The inclusion criteria including: Patients candidate for non emergency open heart surgery (coronary artery bypass and heart valve surgery by sternotomy and cardiopulmonary bypass); Aged from 18 until 65 years; No ejection fraction less than 30% in the angiography form, preoperative; No history of chronic airway obstruction disease and lung trauma; No history of open heart surgery or lung surgery; No history of rib fractures and chest tube insertion; No history of trauma in the head or nose, neurologic disease and frequent sinus infections; No history of chemotherapy and using immunosuppressants three months prior to the surgery; No serum creatinine greater than 3.5 mg/Dl; No body mass index greater than 40 kg/m<sup>2</sup>; Consciousness level at 15 before surgery; Exclusion criteria including: Arterial systolic pressure less than 90 mmHg despite of fluid intake; Arterial blood pH less than 7.30; Arterial carbon dioxide pressure greater than 50 mmHg; Arterial oxygen saturation less than 80% despite of supplemental oxygen intake; Hemoglobin concentration less than 7 gr/dL; Aortic cross clamp time longer than 150 minutes; Cardiopulmonary bypass time longer than 240 minutes; Using intra aortic balloon pump (IABP) intraoperative and postoperative; Intubation over 24 hours; Also, the patient will be excluded from the study when he/she retransfers to the operating room or when he/she needs ventilator therapy protocols apart from of research protocols.

**Age**

From **18 years** old to **65 years** old

**Gender**

Both

**Phase**

2

**Groups that have been masked**

*No information*

**Sample size**

Target sample size: **180**

**Randomization (investigator's opinion)**

Randomized

**Randomization description****Blinding (investigator's opinion)**

Double blinded

**Blinding description****Placebo**

Not used

**Assignment**

Parallel

**Other design features**

Patients are randomly assigned to the groups using random numbers table. The study is considered as Double blind, as except the researcher, all patients and radiologists are not aware of the randomized allocation of samples.

**Secondary Ids**

empty

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

Ethics Committee of Mazandaran University of Medical

**Street address**

Mazandaran University of Medical Sciences, Vice chancellor for research, Moalem street, Moalem square, Sari, Mazandaran, Iran.

**City**

sari

**Postal code**

4816715793

**Approval date**

2015-07-23, 1394/05/01

**Ethics committee reference number**

IR.MAZUMS.REC.94-1855

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

Atelectasis

**ICD-10 code**

J98.1

**ICD-10 code description**

Pulmonary collapse

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

Atelectasis

**Timepoint**

Two hours after extubation, the third day after surgery (72 hours of operation)

**Method of measurement**

Chest x-rays

## Secondary outcomes

### 1

#### Description

Respiratory variable of arterial blood gas (arterial oxygen tension, arterial carbon dioxide tension, arterial oxygen saturation, arterial bicarbonate and arterial blood PH)

#### Timepoint

Before the intervention, one and four hours after the starting of the intervention, before extubation

#### Method of measurement

ABG test

### 2

#### Description

Arterial systolic pressure, diastolic blood pressure and mean arterial pressure

#### Timepoint

Before the intervention, one and four hours after the starting of the intervention, before extubation

#### Method of measurement

Advanced vital signs monitoring devices

### 3

#### Description

Heart rate

#### Timepoint

Before the intervention, one and four hours after the starting of the intervention, before extubation

#### Method of measurement

Advanced vital signs monitoring devices

### 4

#### Description

Respiratory rate

#### Timepoint

Before the intervention, one and four hours after the starting of the intervention, before extubation

#### Method of measurement

Counting the number of breaths per minute

### 5

#### Description

Temperature

#### Timepoint

Before the intervention, one and four hours after the starting of the intervention, before extubation

#### Method of measurement

Advanced vital signs monitoring devices thermometer

## Intervention groups

### 1

#### Description

Patient in the intermediate level of intervention will receive an average 8 cmH<sub>2</sub>O positive end-expiratory pressure (PEEP) for 4 hours, 30 minutes after entering

the intensive care unit, (provided that the hemodynamic status is not disrupted). They will receive 5 cmH<sub>2</sub>O PEEP until the endotracheal tube removal.

#### Category

Prevention

### 2

#### Description

Patient in the high level of intervention will receive an average 10 cmH<sub>2</sub>O positive end-expiratory pressure (PEEP) for 4 hours, 30 minutes after entering the intensive care unit, (provided that the hemodynamic status is not disrupted). They will receive 5 cmH<sub>2</sub>O PEEP until the endotracheal tube removal.

#### Category

Prevention

### 3

#### Description

Patients in the control group receive 5 cmH<sub>2</sub>O positive end-expiratory pressure after surgery, 30 minutes after entering the intensive care unit until the removal of the endotracheal tube.

#### Category

Prevention

## Recruitment centers

### 1

#### Recruitment center

##### Name of recruitment center

Fateme Zahra hospitale

##### Full name of responsible person

Dr Masoumeh Bagheri- Nesami

##### Street address

Mazandaran University of Medical Sciences, three-way Joibar, highway Basij, Imam square, Sari, Mazandaran, Iran

##### City

Sari

## Sponsors / Funding sources

### 1

#### Sponsor

##### Name of organization / entity

Vice Chancellor for research Mazandaran University of Medical Sciences.

##### Full name of responsible person

Dr Ahmad Ali Enayeti

##### Street address

Vice Chancellor for research Mazandaran University of Medical Sciences, Moalem Street, Moalem Square, Sari, Iran.

##### City

Sari

##### Grant name

##### Grant code / Reference number

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

Yes

**Title of funding source**

Vice Chancellor for research Mazandaran University of Medical Sciences.

**Proportion provided by this source**

100

**Public or private sector**

*empty*

**Domestic or foreign origin**

*empty*

**Category of foreign source of funding**

*empty*

**Country of origin**

**Type of organization providing the funding**

*empty*

**Person responsible for general inquiries**

**Contact**

**Name of organization / entity**

Mazandaran University of Medical Sciences

**Full name of responsible person**

Dr Masumeh Bagheri Nesami

**Position**

PHD/ faculty member

**Other areas of specialty/work**

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**Contact**

**Name of organization / entity**

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**Full name of responsible person**

Dr Masumeh Bagheri Nesami

**Position**

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**Web page address**

**Person responsible for updating data**

**Contact**

**Sharing plan**

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

*empty*

**Study Protocol**

*empty*

**Statistical Analysis Plan**

*empty*

**Informed Consent Form**

*empty*

**Clinical Study Report**

*empty*

**Analytic Code**

*empty*

**Data Dictionary**

*empty*