Newsletter

Outcome Monitoring After Cardiac Surgery

Spring 2016

Welcome!

Welcome to this edition of the OMACS newsletter. We would like to thank you for your contribution to the OMACS study so far.

Please continue to complete and return your questionnaires; they provide vital information to help us to understand the long-term health implications for cardiac surgery patients and design our research. We hope you find this newsletter interesting. Please contact us if you have any suggestions or you would to get more involved in our research.

About us

The OMACS study is run by the Clinical Trials and Evaluation Unit, Bristol. We are a UKCRC (United Kingdom Clinical Research Collaboration) fully registered Clinical Trials Unit. This is a national scheme that recognises trials units that work to a high standard. Many of our trials are based in cardiac surgery and cardiology but our portfolio also includes studies in ophthalmology, general surgery, bariatric surgery, infection control and cancer.

We are a multidisciplinary team led by medical statistician Dr Chris Rogers and epidemiologist Professor Barney Reeves. Our team consists of trial coordinators and managers, research nurses, statisticians, administrative and managerial support and an IT and database team.

> *We are delighted to be awarded full registration. UKCRC registration is a measure of quality and only awarded to CTUs that can demonstrate a track record of experience in co-ordinating multi-centre trials, expert staff to develop studies, robust quality assurance systems and evidence of long-term viability of capacity for trials co-ordination.*
>
> Dr Chris Rogers

Manchester United's rising stars help Bristol researchers revolutionise heart health

University of Bristol academics are leading a new research project to identify the effects of exercise on young people's hearts. Manchester United's Academy players are being put through their paces having their hearts monitored by the latest imaging technology to give invaluable insights into how young people's hearts work while doing exercise.

The researchers will examine the fitness levels of participants while they are exercising, when the heart is working harder. Participants comprise 100 children born with heart conditions, 100 healthy children and adolescents and 100 elite junior athletes from the Manchester United Academy.

The research, supported by the National Institute for Health Research (NIHR), will help to identify heart performance of the different groups under stress, to help with better identification of abnormalities, which sometimes do not present themselves at rest.

The research collaboration is being led by the Bristol Heart Institute, which hosts the NIHR Bristol Cardiovascular Biomedical Research Unit (BRU), a joint initiative between the University of Bristol and University Hospitals Bristol NHS Foundation Trust (UHBristol), in partnership with the University of Exeter's Children's Health and Exercise Research Centre, Toshiba Medical Systems and Manchester United.

This article is sourced from the University of Bristol press release. If you would like more information about this research please see the full article on the University of Bristol website: **www.bristol.ac.uk/news/2015/january/manchester-united-heart-health.html**

If you would like to find out more about research carried out by the CTEU please visit our website **cteu.bris.ac.uk**

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CTEU Bristol

University of BRISTOL

CTEU news in brief

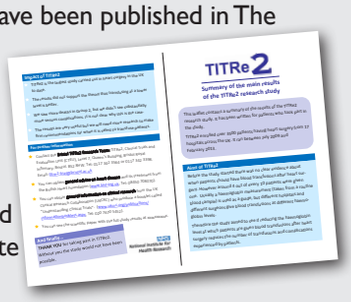
The TITRe2 trial:

TITRe2 enrolled over 3,500 patients having heart surgery from 17 hospitals across the UK. The study was carried out between July 2009 and October 2014.

Before the study started there was no clear evidence about when patients should have blood transfusions after heart surgery. At that time, about 4 of every 10 patients were given a blood transfusion but this number varied a lot across the UK. Usually, a haemoglobin measurement (a simple blood test to see if you are anaemic) is used as a guide, but different hospitals and different surgeons were giving blood transfusions at different haemoglobin levels.

This variation showed that doctors were uncertain about when to give a blood transfusion. To resolve this uncertainty, the study aimed to compare the proportion of patients having complications after surgery when given blood at a low haemoglobin level (more anaemic) with the proportion having complications when given blood at a high haemoglobin level.

- More patients took part in TITRe2 than any other heart surgery study in the UK.
- The results do not support the view that allowing patients to become more anaemic before transfusion is better.
- We do not know why there were more deaths, but not substantially more serious complications, in the group that were given transfusions at a low haemoglobin level.
- We cannot recommend one strategy as clearly better on the basis of the trial. However, the result does show that transfusion is safe in patients having heart surgery.
- The results of the trial have been published in The New England Journal of Medicine.
- A summary of findings and a leaflet was posted out to all participants and is available on our website **cteu.bris.ac.uk**



Spotlight on: AIRWAYS-2

AIRWAYS-2 is a clinical study looking at the best way to manage the airway of patients who have had an out-of-hospital cardiac arrest – placing a breathing device (i-gel) into the back of the mouth or a breathing tube (intubation) into the windpipe.

The AIRWAYS-2 study – which is being funded by the National Institute for Health Research (NIHR) – will determine which airway management gives the best survival and recovery rates for patients.

Presently, only one in 10 people who suffer a cardiac arrest outside of hospital will survive to make a full recovery. There is now a real desire amongst paramedics and airways experts to find the best method to use to ensure a clear airway during an out-of-hospital cardiac arrest.

Adult patients who suffer a cardiac arrest, that is not caused by injury, and who are attended by an AIRWAYS-2 paramedic, will be enrolled automatically in the study. However, the patient can opt out if an immediate family member, relative or close friend is present and tells the paramedic at the start of treatment that the patient would not wish to take part.

The trial is aiming to recruit over 9000 patients in a two year period. Four separate Ambulance trusts are involved incorporating 100 hospitals. For more information about the study visit **www.airways-2.bristol.ac.uk**

Word search

- Surgeon
- Study
- Research
- Hospital
- Cardiac
- Consent
- Data
- Eligible
- Patient
- Operation

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UKCRC Registered Clinical Trials Units

NHS National Institute for Health Research

This CTEU receives National Institute for Health Research CTU Support Funding. This funding has been awarded to support the unit in developing and supporting NIHR trials

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