



**Conventional Ventilation or
ECMO for
Severe
Adult
Respiratory Failure**

**INFORMATION FOR RELATIVES
IF ALLOCATION IS TO
CONVENTIONAL VENTILATION**

As you know, your relative is very ill with breathing difficulties. Unfortunately this is a very serious problem and many patients do not recover from this. There is an urgent need for new treatments. These have to be compared with the treatment that is normally used to make sure we only introduce new treatments that are a real improvement. The aim of the CESAR study is to find out whether a new treatment, ECMO, may help patients with such severe breathing problems, so that more patients survive. At this time we do not know if conventional ventilation is better or worse than ECMO for patients with serious breathing problems.

Your relative has been allocated to the conventional treatment group. This is the usual form of treatment. This decision was made at random so that the methods can be tested fairly. This leaflet provides written information about conventional ventilation for you to keep. It is not meant to replace any discussions you have with the doctors and nurses looking after your relative. Staff at this hospital are happy to discuss any points you want to have repeated, or given in more detail. Please feel free to ask any questions whenever you want.

What is conventional ventilation?

Conventional ventilation is the most common treatment for looking after patients with serious breathing problems. Conventional therapy uses a ventilator to push oxygen into the lungs so that the patient can breathe more easily. This is called ventilation and is the treatment that your relative is receiving at the moment and will continue on as long as necessary. Your relative will be connected to the ventilator by a tube that will be passed through the nose or mouth into the windpipe. If your relative needs the ventilator for more than a few days, then a small operation will be performed by a doctor in this Intensive Care Unit to insert a tube into an opening in the trachea. The operation is called a tracheostomy. Your relative will find it difficult to talk when connected to the ventilator. As soon as your relative starts to recover, your relative will be able to breathe for himself/herself and will usually have no difficulty in talking. When your relative is able to breathe without the ventilator's help, the ventilator will no longer be used.

Does conventional treatment work?

While it is clear that conventional ventilation works, it is not clear whether it works better than ECMO. That is what this research will find out. Currently, using a ventilator is considered to be the most appropriate way of caring for patients with severe breathing problems. Ventilation is the standard treatment used in almost all

hospitals around the world for patients with severe breathing difficulties.

Where will my relative receive this conventional therapy?

Your relative will continue to be looked after in this Intensive Care Unit. We cannot say how long this will be as every patient is different.

Can I stay with my relative?

The nurse who is looking after your relative at the moment will be able to inform you of the visiting arrangements for this Intensive Care Unit. The nurse will provide you with the usual relative's information leaflet explaining about children visiting, and number of visitors at the bedside. We aim to keep you fully informed at all times. We know from other severely ill patients who have recovered that patients are often very aware that their family is around. Most patients are greatly reassured by this presence. However, so that the staff can provide you with information about your relative when you are not there, please give them a telephone contact number(s).

Are there any risks associated with conventional ventilation?

It can cause some lung damage to patients who already have breathing problems. The ventilator will be adjusted carefully to reduce or remove the chance of any damage occurring to the lungs. It is possible that your relative could develop an infection whilst receiving the ventilation. For this reason, we will check for signs of any infection on a daily basis and will give treatment to cure any infection, if it develops.

What are the advantages of conventional ventilation?

Conventional ventilation enables adequate oxygen levels to be maintained. It has helped many patients over the years. Also, there is usually no need to move very ill patients out of their local Intensive Care Unit.

Can my relative choose not to continue with the study?

As soon as your relative is discharged from the Intensive Care Unit and able to discuss the illness, the doctor will explain about this study. We will send written information to your relative when discharged home. Your relative may at any time choose not to stay in the study.

What would being in the study involve?

The staff at the hospital and a researcher will collect information about the treatment that your relative has received while in hospital, from health service notes. Your relative and others closely involved may also be asked to complete short questionnaires. We also plan to follow up all patients in this study. This means that if your relative agrees to continue in the study, then we will inform his/her GP. A home visit will be arranged in about 6 months to assess your relative's health and also to record events, including personal costs related to your relative's health. Of course, all information that we collect will be treated in the strictest confidence.

What if I have further questions?

The doctors and nurses in this unit will be happy to answer your questions. We aim to keep you fully informed at all times.

Further information at this hospital

Contact:

DOCTOR

TELEPHONE

NURSE

TELEPHONE

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