



**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 the hospital(s) caring for your relative 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 the 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 has been assigned to receive conventional ventilation.

In order to make sure that your relative receives the best possible intensive care it will be necessary to move your relative to a larger hospital. The doctors and nurses who are looking after your relative at present are all very skilled and dedicated professionals and this is no reflection on the care that they have given to your relative. However we need to ensure that your relative is in a centre that can offer all types of specialist conventional treatment, which presently may not be available. The hospital where your relative will be moved to treats more patients per year with this type of problem. When the transport team arrives they will explain this to you in more detail, and also give you details about the new hospital. We appreciate that you cannot always be at your relative's bedside, but it would be very helpful if you could be available when the transport team arrives. Please check with the nurse caring for your relative to find out when they are due.

What will happen when the transport team arrives?

The doctor and nurse from the transport team will carefully examine your relative. Then they will make preparations for transfer. This may mean travelling by helicopter, if they think this is the safest method. If the transfer is by road we strongly advise you not to try to follow directly behind the ambulance. This can be very dangerous.

The transport team will come and talk to you. They will explain your relative's condition. They may need to insert extra drips or tubes to make the transfer possible. They will tell you what will happen when the team arrives at the larger Intensive Care Unit. They will also ask you some questions about any past medical history. Any information you can think of is often very helpful to the doctors.

Can I stay with my relative?

The nurse looking after your relative at the moment will find out for you about visiting times in the larger Intensive Care Unit. We aim to keep you fully informed at all times. Patients who recover from severe illnesses, such as your relative is suffering from at present, are often very aware that their family are around. Most patients are greatly reassured by this presence. The nursing staff at the hospital where your relative is being taken will be able to give you further information about visiting.

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.

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

**CESAR Data Co-ordinating Centre
Medical Statistics Unit
London School of Hygiene and Tropical Medicine
Keppel Street
London WC1E 7HT
Tel: 020 7927 2376/2075
Fax: 020 7637 2853
Website: www.cesar-trial.org**