The effect of nasal mupirocin, prior to percutaneous endoscopic gastrostomy (PEG), upon peristomal colonisation and infection

Submission date	Recruitment status	Prospectively registered
30/09/2004	No longer recruiting	Protocol
Registration date	Overall study status	Statistical analysis plan
30/09/2004	Completed	Results
Last Edited	Condition category	Individual participant data
06/11/2014	Injury, Occupational Diseases, Poisoning	Record updated in last year

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

Mrs Judith McGovern

Contact details

Department of Gastroenterology Norfolk and Norwich University Hospital NHS Trust Colney Norwich United Kingdom NR4 7UY

Additional identifiers

Protocol serial number N0547127258

Study information

Scientific Title

Study objectives

Does the treatment, nasal mupirocin, have an effect on peristomal infection rate following percutaneous endoscopic gastrostomy (PEG) placement?

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design

Randomised controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Post-percutaneous endoscopic gastrostomy sepsis

Interventions

Nasal mupirocin versus standard care (no prophylactic antibiotics).

Mupirocin was administered for 5 days before PEG insertion. Nasopharyngeal swabs, PEG site appearance and bacteriology were recorded up to 10 days post-PEG.

Intervention Type

Drug

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

Mupirocin

Primary outcome(s)

Pilot:

Will access the practicalities of the study design, the consistency of the scoring tool and also give an indication of the bacteriology of nasal colonisation, peristomal colonisation and infection within the proposed research setting.

Main:

The primary outcome measure is that of perstomal infection.

Key secondary outcome(s))

Secondary outcomes of peristomal colonisation and risk factors for methicillin resistant staphylococcus aureus (MRSA) colonisation will also be measured.

Completion date

Eligibility

Key inclusion criteria

Pilot study of 20 patients recruited, pilot study of 10 controls

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Not Specified

Sex

Not Specified

Key exclusion criteria

Not provided at time of registration

Date of first enrolment

01/06/2003

Date of final enrolment

01/12/2003

Locations

Countries of recruitment

United Kingdom

England

Study participating centre Department of Gastroenterology

Norwich United Kingdom NR4 7UY

Sponsor information

Organisation

Department of Health

Funder(s)

Funder type

Government

Funder Name

East Norfolk and Waveney Research Consortium (UK) - Norfolk and Norwich University Hospital /Norwich PCT

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration