

Does the application of topical chloramphenicol ointment (chloromycetin) to sutured wounds reduce the incidence of wound infection following minor surgery?

Submission date 02/04/2007	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 02/07/2007	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 19/01/2009	Condition category Infections and Infestations	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

Protocol serial number

Heal001

Study information

Scientific Title

Study objectives

Although the use of topical antibiotics after minor dermatological surgery is widespread, it does not decrease the incidence of wound infection.

Ethics approval required

Old ethics approval format

Ethics approval(s)

James Cook University Ethics Committee, approved on 28th March 2007 (ref: H2590)

Study design

Randomised, controlled, double-blinded trial.

Primary study design

Interventional

Study type(s)

Prevention

Health condition(s) or problem(s) studied

Wound infection

Interventions

A single application of topical chloramphenicol ointment versus topical paraffin ointment following minor surgery.

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

Infection. The wounds will be assessed for infection at time of removal of sutures (5-14 days).

Key secondary outcome(s)

No secondary outcome measures

Completion date

10/04/2008

Eligibility**Key inclusion criteria**

All patients presenting to a participating GP for excision of a minor skin lesion (all body sites).

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Not Specified

Sex

All

Key exclusion criteria

1. Already taking oral antibiotics
2. Oral or topical antibiotics clinically indicated immediately postoperatively
3. Lacerations
4. Having a flap or two layer procedure
5. Having excision of sebaceous cyst
6. History of allergy to any of ingredients of chloromycetin ointment
7. Personal or family history of aplastic anaemia

Date of first enrolment

10/04/2007

Date of final enrolment

10/04/2008

Locations**Countries of recruitment**

Australia

Study participating centre

10, Sunset Beach Court

Mackay

Australia

4740

Sponsor information**Organisation**

James Cook University, School of Medicine (Australia)

ROR

<https://ror.org/04gsp2c11>

Funder(s)

Funder type

University/education

Funder Name

James Cook University, Primary Health Care Research and Development Fund (Australia)

Results and Publications

Individual participant data (IPD) sharing plan**IPD sharing plan summary**

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	15/01/2009		Yes	No