

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

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

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## 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

**Primary study design**

Interventional

**Study design**

Randomised controlled trial

**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 assess 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 peristomal 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**

01/12/2003

## 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