Allowing wounds to be uncovered and wet in the first 48 hours after minor skin excision did not differ from standard dry management for wound infections

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TREATMENT

Allowing wounds to be uncovered and wet in the first 48 hours after minor skin excision did not differ from standard dry management for wound infections


Q Does allowing wounds to be uncovered and wet in the first 48 hours after minor skin excision differ from standard management of keeping wounds dry in terms of wound infection?

METHODS

Design: randomised controlled trial.
Allocation: not concealed.
Blinding: unblinded.
Follow up period: to removal of sutures.
Setting: 4 general practices in North Queensland, Australia.

Patients: 870 patients (mean age 56 y, 53% men) who presented for minor skin excision. Exclusion criteria were facial skin excisions; sebaceous cyst excisions; flap or 2 layer procedures; lacerations; current use of oral antibiotics or immunosuppressive drugs; or clinical indication for immediate postoperative oral or topical antibiotics.

Intervention: all excisions were managed using a standardised protocol: skin preparation with normal saline; sterile technique including sterile gloves; recording of type and volume of local anaesthetic; nylon sutures; no antibiotics, topical antiseptics, antiseptic washes, or medicated soap; Melolin and tape dressings; and removal of sutures at 7 days (10 d for sutures on the back). All patients received written and oral instructions for postoperative wound management. 450 patients were allocated to dry management and instructed to leave the dressing in place and keep it dry for the first 48 hours; after that, they were to remove the dressing and bathe as usual until the sutures were removed. 420 patients were allocated to dry management and instructed to leave the dressing in place and keep it dry for the first 48 hours; after that, they were to remove the dressing and bathe as usual until the sutures were removed.

Outcome: surgical site infection within 30 days of excision, defined by purulent discharge from the wound or diagnosis of wound infection by the GP or initiation of antibiotics by the GP; stitch abscesses were not counted as infections.

Patient follow up: 857 patients (99%) were included in the intention to treat analysis.

MAIN RESULTS

74 excisions (8.6%) had infections. The wet and dry management groups did not differ for surgical site infections (table).

CONCLUSION

Allowing wounds to be uncovered and wet in the first 48 hours after minor skin excision did not differ from standard management of keeping wounds dry in terms of wound infections.

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Wet v dry wound management for 48 hours after minor skin excision*  

<table>
<thead>
<tr>
<th>Outcome at removal of sutures</th>
<th>Wet management</th>
<th>Dry management</th>
<th>RRR (95% CI)</th>
<th>NNT (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical site infection</td>
<td>8.4%</td>
<td>8.9%</td>
<td>6% (--45 to 39)</td>
<td>Not significant</td>
</tr>
</tbody>
</table>

*Abbreviations defined in glossary; RRR, NNT, and CI calculated from data in article.