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Webster 2010

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researchers to submit an equivocal trial for publication, and in turn for it to be accepted for publication. However, publication

and

but in some cases was less. It is likely that the inadequate allocation concealment and lack of blinding in the

number of surgical wound infections. Follow up in

ect reported surgical site infection rates.

Discussion

Secondary outcomes:

Group and 10/723 (1.4%) in the non

compare characteristics of the two groups to ensure that the randomisation was successful.

A description of the baseline characteristics of the patients is important to decide whether the results are generalisable and to

diagnosed; this may well have been a chance di

erence, so potentially biasing the results in favour of masking.

Health Nursing Research ( 

Two studies did not state a source of funding ( 

Source of funding

Incomplete outcome data

Laboratory sta

were unaware of the group allocation of the specimens obtained. Outcome assessors were also blinded in

figure 1

infection being identified by a high vaginal swab. All patients in this study were examined daily until discharge.

The outcome measure used in

infection, but two out of the three wound infections reported were noted as serious enough to warrant antibiotics, the other

The specific comparison to be made is the wearing, by the surgical team (scrubbed and not scrubbed), of disposable surgical face

Materials and Methods

Types of studies

EMBASE; and EBSCO CINAHL.

Trials (CENTRAL) ( 

We searched The Cochrane Wounds Group Specialised Register on 23 October 2013; The Cochrane Central Register of Controlled

We included studies comparing the use of disposable surgical masks with

Types of participants

Chamberlain 1984

Tunevall 1991

were quasi

potential contamination of the surgical field using settle plates. Such indirect evidence is

Potentially biases in the primary studies and the limitations they place on inferences

We extracted the following data from each study.

We included studies comparing the use of disposable surgical masks with

The costs incurred when a patient contracts a surgical wound infection are considerable

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Three issues were considered in the evaluation of study quality: the risk of bias assessment, the baseline comparability, and the

Groups were similar at baseline in

baseline comparability was reported. Groups were similar at baseline in

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Follow up should be appropriate to the surgery performed. This may extend to the involvement of primary care.

Implications for practice

The implications of these findings may include a recommendation that no surgical face masks be worn by the surgical team.

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the surgical team by way of protection. Although Chamberlain 1984 favoured the use of surgical face masks, the trial was relatively small and was discontinued due to the identification of wound infections in three out of the five major clean cases performed. This may have been a chance finding and thus these results are potentially biased in favour of wearing masks. Tunevall 1991 and Webster 2010 were larger trials, more rigorously designed and did not detect differences in infection rate.

Both national and international guidelines acknowledge the controversy surrounding the use of disposable surgical face masks and yet continue to recommend their use. No other reviews in this area were found and the limited number of trials in this review make it unsafe to draw definitive conclusions about the effect of surgical face masks on reducing surgical wound infection in clean surgery.