

# Effects of discharge with a surgical drain in place on the risk of infection after placement of a tissue expander

No registrations found.

<b>Ethical review</b>	Not applicable
<b>Status</b>	Pending
<b>Health condition type</b>	-
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON28105

### Source

Nationaal Trial Register

### Health condition

Infection, Tissue Expander, Surgical drain, Breastreconstruction

## Sponsors and support

**Primary sponsor:** Martini Ziekenhuis Groningen

**Source(s) of monetary or material Support:** Martini Ziekenhuis Groningen

## Intervention

## Outcome measures

### Primary outcome

The primary study parameter is the percentage of removed tissue expanders due to infection.

### Secondary outcome

The secondary study parameter is the percentage of patients who get a prescription for

antibiotics due to infection (IV or/and oral antibiotics).

## Study description

### Background summary

This study is a randomised control trial to assess if patients can be discharged homewards with a surgical drain in situ, after reconstruction with a tissue-expander post-mastectomy, without an increase in removal of tissue expanders due to infection.

There will be two groups. One will receive care as usual and will be discharged after removal of the drain (on the 7th post-operative day at the latest)  
The other group will be discharged on the 3th post-operative day with drains in situ after receiving instructions on drain-care.

The percentages of removal of tissue-expanders due to infection and antibiotics usage due to infection will be registered and compared.

### Study objective

Patients can be discharged, after a post-mastectomy reconstruction with a tissue expander, with a surgical drain in situ without an increase in the removal of tissue expanders due to infection.

### Study design

Outcome: percentage of patients in which the tissue expander had to be removed due to infection, timepoint: within 21 days after the surgery.

Outcome: percentage of patients receiving AB due to infection, timepoint: within 21 days after the surgery.

### Intervention

This study divides the subjects into two groups. The first group will receive care as usual, in which the patients will stay in the hospital until the drain is removed. (on the 7th postoperative day at the latest) The second group will be discharged on the 3rd postoperative day with a surgical drain in situ after receiving instructions on how to take care of the drain.

## Contacts

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## Eligibility criteria

### Inclusion criteria

Women >18 years with a post-mastectomy reconstruction with a tissue expander

### Exclusion criteria

Insufficient self-care, the inability to be sufficiently instructed on how to care for the drain.  
(aliteracy, language-barrier, mental retardation, psychiatric disorders)

## Study design

### Design

Study type:	Observational non invasive
Intervention model:	Parallel
Allocation:	Randomized controlled trial

Masking:	Open (masking not used)
Control:	Active

## Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	01-02-2018
Enrollment:	80
Type:	Anticipated

## Ethics review

Not applicable	
Application type:	Not applicable

## Study registrations

### Followed up by the following (possibly more current) registration

ID: 50301  
Bron: ToetsingOnline  
Titel:

### Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register	ID
NTR-new	NL6749
NTR-old	NTR6927
CCMO	NL64530.099.17
OMON	NL-OMON50301

## Study results