

Bilag 4: Oversigt over inkluderede studier

Study	Methods	Participants	Intervention A	Intervention B	Notes
(2), Akutsu, Yasunori ; Matsubara, Hisahiro; Shuto, Kiyohiko; Shiratori, Toru, ; Uesato, Masaya; Miyazawa, Yukimasa; Hoshino, Isamu; Murakami, Kentaro; Usui, Akihiro; Kano, Masayuki; Miyauchi, Hideaki, 2010	Quasie-experimental	A total of 86 thoracic esophageal Cancer patients who underwent esophagectomy from January 2005 to September 2008 were investigated in this study. In the intervention group: age 62.0 (8.0) years, 41 males and 4 females; in the control group: age 64.0 (8.0) years, 33 males and 8 females.	The patients of the pre-operative dental brushing group were assigned to brush their teeth 5 times a day: after waking, after each meal, and before retiring for sleep. This approach of pre-operative dental brushing started at least 1 week before operation and continued for at least 1 week.	The patients in the control group underwent an esophagectomy without any particular pre-operative oral care.	Preoperative decontamination of the oral cavity reduces the number of bacteria and might be an interesting way of reducing nosocomial infections
(28), Bergan, Eduardo H., Tura, Bernardo R., Lamas, Cristiane C., 2014	Quasie-experimental	Inclusion criteria were being 18 years of age or older; a candidate for heart valve surgery (valve repair or replacement) median age 53 [IQR 41-64] female 58.3%; a candidate for CABG; median age 63 [IQR 56-68].	Patients were instructed on how to brush their teeth by using the Bass technique, cleaning the palate, the tongue, and the denture by brushing. They were instructed to use chlorhexidine gluconate mouth rinse	No systematic assessment of oral health, no instruction on how to brush teeth and no use of mouth rinse	Quasiexperimental design study implementing a protocol for oral care and demonstrating the reduction in risk for developing postoperative pneumonia. Before and after measures have been carried out, the study had

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			<p>0.12 % twice a day, after breakfast and before sleep, by rinsing the mouth with 15 ml for 2 min including gargling. They were also instructed to do the same process with just before going to the operating room. In the immediate postoperative period (in ICU) nursing staff and/or the responsible dentist performed the oral hygiene protocol twice a day even in intubated patients. Patients were also instructed to continue the same preoperative protocol as soon as they returned to the ward.</p>		<p>a historical control group.</p>
<p>(29), DeRiso, Anthony J., Ladowski, Joseph S., Dillon, Todd A., Justice, John W., Peterson, Alan C., 1996</p>	<p>RCT</p>	<p>Consecutive eligible patients who underwent coronary artery bypass grafting (CABG), valve surgery, septal surgery,</p>	<p>Fifteen ml of chlorhexidine 0.12% were used as an oropharyngeal rinse or rigorously</p>	<p>Fifteen ml of placebo mouth rinse, which was similar to the base solution of chlorhexidine mouth rinse. The placebo</p>	<p>The results indicate that patients undergoing open heart surgery could reduce the risk of</p>

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		cardiac tumor excision, or combined CABG valve surgery requiring cardiopulmonary bypass were enrolled. Control group: age 63.5(0.8) male 123 females 57; Intervention group: age 64.1(0.8) 119 females 54.	applied to the buccal, pharyngeal, gingival, tongue, and tooth surfaces for 30 s twice daily.	mouth rinse was in similar bottles had same smell, flavour and look as the intervention mouth rinse.	developing post operative pneumonia.
(9), Houston, Susan, Houglund, Paul, Anderson, Jacqueline J., LaRocco, Mark, 2002	Quasie-experimental	Patients eligible for aortocoronary bypass graft and/or valve surgery requiring cardiopulmonary bypass were included. Intervention group A 73% males, Intervention group B males 79%.	Oral rinse twice daily using 15 ml chlorhexidine gluconate 0.12%. Patients were instructed to swish and gargle the solution for 30 seconds. Starting preoperatively and continuing to extubation after surgery.	Usual care with was oral rinse twice daily using 15 ml Listerine. Patients were instructed to swish and gargle the solution for 30 seconds. Starting preoperatively and continuing to extubation after surgery.	Oral rins with chlorhexidine gluconate 0.12% reduced the number of postoperative pneumonia in patients who had been intubated for more than 24 hours.
(27), Nicolosi, Lilitiana Noemí, del Carmen Rubio, Maria, Martinez, Carlos Daniel, González, Nidia Noemí, Cruz, Marisa Edith, 2014	Quasie-experimental	Patients undergoing planned cardiovascular surgery - surgical procedures: coronary bypass, bypass with pump, valve replacement, combined coronary artery bypass and valve replacement, replacement of the ascending aorta and the aortic valve. Control group: age 63.1 (9.3), 86% males; intervention group: age 62.3 (12.4),	Patients were instructed to brush their teeth properly and rinse their mouths with chlorhexidine gluconate 0.12% every 12th hours for three days before planned surgery.	Patients used their usual technique to brush their teeth and was not instructed in using mouth rinse	The study has implemented a protocol for oral care before cardiac surgery and tested the effect in reducing postoperative infections.

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		81.3 males.			
(3), Segers, Patrique, Speekenbrink, Ron G. H., Ubbink, Dirk T., van Ogtrop, Marc L., de Mol, Bas A., 2006	RCT	The results indicate that patients undergoing open heart surgery procedures: CABG, off-pump coronary artery by-pass grafting, valve replacement, combined CABG and valve replacement, others. Control group: age 66.4 (9.9), 71.6% males; Intervention group: age 65.3 (10.4), 74.6% males.	Ten ml of chlorhexidine 0.12% were used as an oropharyngeal rinse or rigorously applied to the buccal, pharyngeal, gingival, tongue, and tooth surfaces for 30 s four times a daily. Starting two days before planned surgery and continuing to one after surgery. Nose ointment was applied 4 times a day in both nostrils.	Ten ml of placebo mouth rinse, which was similar to the base solution of chlorhexidine mouth rinse and nose ointment was used four times a day. The experimental drug and the placebo were of comparable color, taste, and smell and were delivered in identical packaging to the patient care areas, labeled only with the randomization number.	The results indicate that patients undergoing open heart surgery could reduce the risk of developing post-operative nosocomial infections.