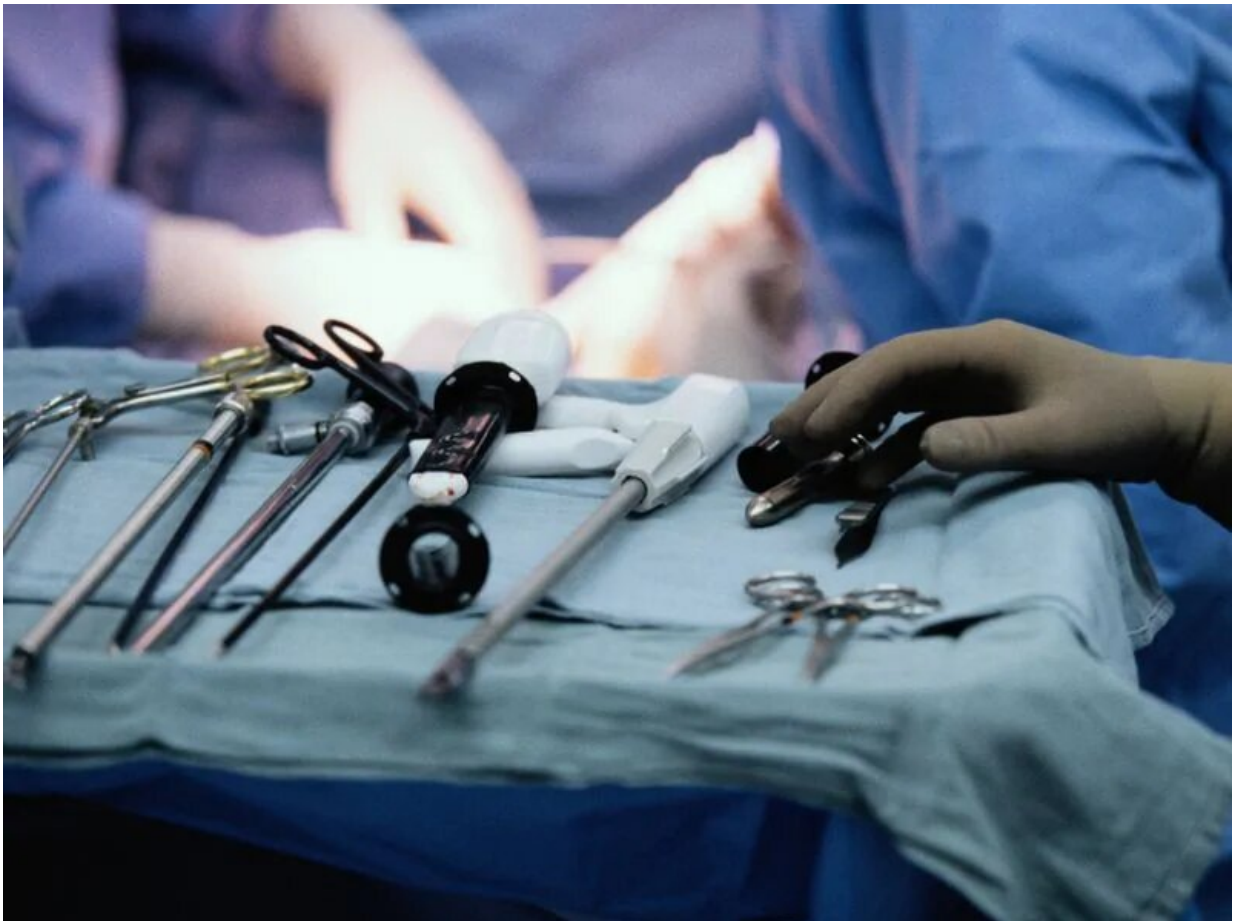


Mechanical, oral antibiotic bowel prep yields no benefit for colectomy

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(HealthDay)—Mechanical and oral antibiotic bowel preparation

(MOABP) does not reduce surgical site infections (SSIs) or the overall morbidity of colon surgery versus no bowel preparation (NBP), according to a study published online Aug. 8 in *The Lancet*.

Laura Koskenvuo, M.D., from University of Helsinki, and colleagues randomly assigned (1:1) 396 patients undergoing colon resection to either MOABP or NBP in four hospitals in Finland (March 17, 2016, to Aug. 20, 2018). MOABP consisted of drinking 2 liters of polyethylene glycol and 1 liter of clear fluid before 6 p.m. on the day before [surgery](#) and taking 2 grams of neomycin orally at 7 p.m. and 2 grams of metronidazole orally at 11 p.m. the day before surgery.

The researchers found that SSIs were detected in 7 percent of 196 patients assigned to MOABP and in 11 percent of 200 patients assigned to NBP (odds ratio, 1.65; 95 percent confidence interval, 0.80 to 3.40; P = 0.17). Anastomotic dehiscence was reported in 4 percent of both groups. Reoperations were necessary in 8 percent of the MOABP group versus 7 percent of the NBP group. Within 30 days of surgery, two patients died in the NBP group versus none in the MOABP group.

"We therefore propose that the current recommendations of using MOABP for colectomies to reduce SSIs or morbidity should be reconsidered," the authors write.

Two authors disclosed financial ties to [pharmaceutical companies](#).

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