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https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002929.pub2/full

In a 2014 review based on four studies and 6,006 patients, wrote that "none of the four studies found a difference in the number of post-operative infections

whether you used a surgical mask or not.

https://europepmc.org/article/med/25294675

Salassa and Swiontkowski, in 2014, investigated the necessity of scrubs, masks and head coverings in the operating room and concluded that “there is no evidence that these measures reduce the prevalence of surgical site infection

https://journals.lww.com/jbjsjournal/Abstract/2014/09030/Surgical_Attire_and_the_Operating_Room__Role_in.11.aspx

Da Zhou et al., reviewing the literature in 2015, concluded that “there is a lack of substantial evidence to support claims that facemasks protect either patient or surgeon from infectious contamination

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Lahme et al.,in 2001, wrote that “surgical face masks worn by patients during regional anaesthesia, did not reduce the concentration of airborne bacteria over the operation field in our study. Thus they are dispensable

https://europepmc.org/article/med/11760479

Figueiredo et al. in 2001, reported that in five years of doing peritoneal dialysis without masks, rates of peritonitis in their unit were no different than rates in hospitals where masks were worn

http://www.advancesinpd.com/adv01/21Figueiredo.htm

Bahli did a systematic literature review in 2009 and found that “no significant difference in the incidence ofpostoperative wound infection was observed between masks groups and groups operated with no masks

https://pdfs.semanticscholar.org/751a/cd427c20c8dc7d1fbc1b45eead104286f481.pdf

Bahli in Sweden, recognizing the lack of evidence supporting the use of masks, ceased requiring them in 2010 for anesthesiologists and other non-scrubbed personnel in the operating room. “Our decision to no longer require routine surgical masks for personnel not scrubbed for surgery is a departure from common practice. But the evidence to support this practice does not exist,” wrote Dr. Eva Sellden.

https://pubs.asahq.org/anesthesiology/article/113/6/1447/9572/Is-Routine-Use-of-a-Face-Mask-Necessary-in-the

Surgeons at the Karolinska Institutein 2010, reported on obstetric, gynecological, general, orthopaedic, breast and urological surgeries performed on 827 patients. All non-scrubbed staff wore masks in half the surgeries, and none of the non-scrubbed staff wore masks in half the surgeries. Surgical site infections occurred in 11.5% of the Mask group, and in only 9.0% of the No Mask group.

https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1445-2197.2009.05200.x

Ritter et al in 1975, found that “the wearing of a surgical face mask had no effect upon the overall operating room environmental contamination.

https://pubmed.ncbi.nlm.nih.gov/1157412/

Ha’eri and Wiley in 1980, applied human albumin microspheres to the interior of surgical masks in 20 operations. At the end of each operation, wound washings were examined under microscope. “Particle contamination of the wound was demonstrated in all experiments.”

https://europepmc.org/article/med/7379387

Laslett and Sabin, in 1989, found that caps and masks were not necessary during cardiac catheterization. “No infections were found in any patient, regardless of whether a cap or mask was used

https://onlinelibrary.wiley.com/doi/abs/10.1002/ccd.1810170306

In Tunevall’s 1991 study,a general surgical team wore no masks in half of their surgeries for two years. After 1,537 operations performed with masks, the wound infection rate was 4.7%, while after 1,551 operations performed without masks, the wound infection rate was only 3.5%

https://link.springer.com/article/10.1007/BF01658736

A review by Skinner and Sutton in 2001 concluded that “The evidence for discontinuing the use of surgical face masks would appear to be stronger than the evidence available to support their continued use

https://journals.sagepub.com/doi/pdf/10.1177/0310057X0102900402