

Pre-operative Screening for MRSA

This leaflet offers more information about MRSA for patients who will shortly be having planned surgery. It explains about MRSA and how we intend to reduce the risk of MRSA causing you a problem. If you have any further questions or concerns, please speak to the staff member in charge of your care.

What is MRSA?

MRSA stands for Meticillin resistant *Staphylococcus aureus*. This means that Meticillin (an antibiotic) does not work on this bacterium and therefore infections with MRSA can be harder to treat with antibiotics. However, the majority of patients who develop an MRSA infection are successfully treated with different antibiotics.

It is normal for healthy people to have bacteria (germs) on their skin. One of the most common types of bacterium is *Staphylococcus aureus*. One in three people have this bacterium in their noses and on their skin, without it causing any harm. In a small number of people this *Staphylococcus aureus* germ will be resistant to the antibiotic meticillin.

Most people with MRSA carry it without any harm to themselves or their family. This is called colonisation. However, it can sometimes cause serious infections, especially if it gets into a wound. This is why we try to stop the spread of MRSA in hospitals and to vulnerable patients in the community.

Is MRSA always a problem?

No, not always. *Staphylococcus aureus* bacteria including MRSA can be found on the skin and in the nose of some people without causing illness. This is called colonisation and individuals are called carriers. About a quarter of the population are carriers. Colonisation can be greatly reduced using skin antiseptics.

An infection occurs when there are breaks in the skin, such as an operation site and the MRSA gets beneath the top layer of skin. It then grows and causes symptoms. These infections generally require treatment with different antibiotics.

How does MRSA spread?

Healthcare settings should always be clean, although there is very little evidence that a dirty environment causes the spread of MRSA.

MRSA is mainly spread on our hands, when we touch other people or surfaces although equipment and clothing can help to spread it too. MRSA can also travel through the air if people have MRSA in their sputum (phlegm) or very flaky dry skin (skin scales). This is why hand hygiene is so important. Please do ask staff if they have cleaned their hands.

If you have MRSA you may have acquired it either in the community or during an admission to hospital or nursing home. Approximately one third of our inpatients found to have MRSA acquired the bacteria before admission to hospital.

Why are patients screened for MRSA before an operation?

All patients have a low risk of developing a wound infection after their operation. If you have MRSA you are at no higher risk of a wound infection than any other patient coming in for an operation. However, if you do get an infection it is more likely to be an MRSA infection, which is more difficult to treat. This screening will help us detect if you carry MRSA. We will give all MRSA positive patients skin treatment to reduce the amount of skin colonisation and the possibility of MRSA wound infection.

When and how will I be screened?

You will be screened for MRSA at the time of your pre-operative assessment appointment. The pre-assessment clinic nurses will take swabs to screen your nose and groin for MRSA. If you have any old surgical wounds or broken skin areas, these will also be swabbed. The swabs are sent to the Microbiology Laboratory and a result is usually available within four working days. If you do not receive a telephone call from the clinic you can assume you are MRSA negative.

What happens if I am found to be MRSA positive?

If you are MRSA positive the pre-assessment nurse will call you. Your GP and Consultant will also be informed. You will then be prescribed:

- a nose cream
- a separate liquid for use as soap daily and shampoo to be started five days before your expected operation date.

There will be full instructions on how to apply the cream and liquid within the pack that you are sent. The aim of this treatment is to reduce the amount of MRSA on your skin to the lowest possible levels at the time of your operation. You should start the treatment five days before your operation, the fifth day of treatment being the day of your procedure. If there are fewer than five days until your operation you should commence the treatment immediately. Please inform the nurse at the clinic if you are allergic to Chlorhexidine, the disinfectant contained in **Hibiscrub®**. We can then send you a different liquid. You should also tell the pre-assessment nurses if you are allergic to peanuts (one of the nasal creams contains peanut oil).

What if I have had MRSA before?

If you have had MRSA before, please let the pre-assessment nurse know. She will also check to see if you have ever had a positive MRSA result from specimens that have previously been sent to St. George's Hospital. You will then be given a prescription to take to the Pharmacy department to collect treatment for MRSA.

Does anything else happen if I am found to be MRSA positive or have had MRSA before?

Yes. You will be asked to come into hospital as close to your operation date and time as possible. If you need an antibiotic to prevent an infection after surgery, we will choose a treatment which will work against MRSA. You may be admitted to a side room or isolation bay, rather than onto an open ward. If your operation is cancelled a nurse will advise you whether or not you need to repeat the MRSA treatment.

How can MRSA be prevented from spreading to other patients?

Patients with MRSA are cared for by staff wearing aprons and gloves. All staff and visitors are asked to wash their hands or use alcohol rub before and after contact with all patients. Patients with MRSA should also keep their hands clean. You may be placed in a side room with the door shut.

Can I have visitors after my operation?

Yes (including pregnant women and children). Visitors do not need to wear protective clothing unless having physical contact with you (caring for physical needs e.g. toileting or cleaning). Visitors should be encouraged not to visit other patients, wards and departments. Visitors must clean their hands before and after visiting time and after any direct patient contact. Only visitors with a severe skin condition or open wounds may be at extra risk. In these cases, they should discuss their condition with the nursing staff before visiting a patient with MRSA.

Contact us

If you have any further questions or concerns about MRSA, please contact Infection Prevention and Control on 020 8725 2459 (Monday to Friday, 8.00am to 5.00pm). You can also ask the ward manager to contact us.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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