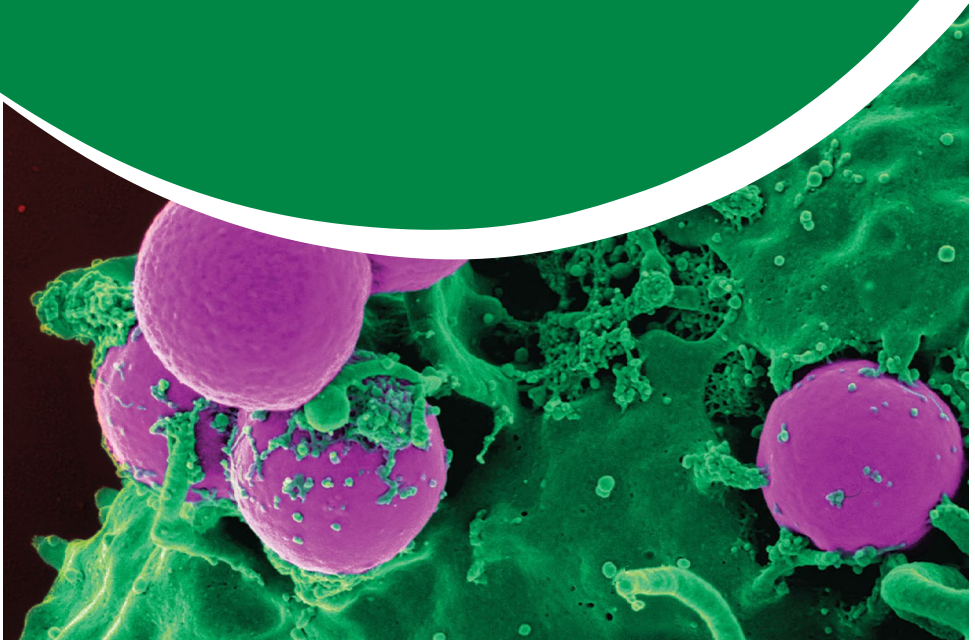


MSSA screening and decolonisation

Information for patients



Leeds Kidney
Unit

What is MSSA?

Meticillin-sensitive Staphylococcus Aureus is a type of bacteria which lives harmlessly on the skin and in the nose, in approximately one third of people. It is not the same as MRSA, but is in the same family of bacteria.

We all carry lots of bacteria and it usually doesn't cause a problem. But when a person carries MSSA and has procedures that break the skin, then MSSA can get into the body and may cause an infection

Why are we now screening renal patients for MSSA?

Research has shown that we can reduce the risk of serious infection if we screen and treat patients for MSSA.

How will I be screened

We can find out if you are carrying MSSA by using a swab. The swab is like a big cotton wool bud. This will not cause you any pain and only takes a few minutes to do. The swabs will be taken from your nose, armpits and your groin area (the inner part of your thigh). Samples may also be taken from any areas of sore or broken skin that you may have or any existing lines.

When will I be screened?

All adult patients receiving renal replacement treatment haemodialysis, peritoneal dialysis, plasma exchange and attending renal pre-assessment will be screened at the beginning of their treatment and then every three months whilst they are receiving treatment.

What happens if I have MSSA?

If you have a positive MSSA screening result, the clinicians/ GP will prescribe a course of decolonisation treatment. The aim is to reduce the amount of MSSA, so that the chances of you getting an MSSA infection or passing it on to others are reduced. The most effective way to prevent infection is by frequent hand washing, particularly after using the toilet.

MSSA decolonisation

The decolonisation involves washing your skin and hair with special antiseptic soap, and applying cream to both of your nostrils. If you are to have an invasive procedure, such as insertion of a central venous catheter, you will be asked to start decolonisation prior to the procedure. If you have a holiday planned, the unit where you are receiving treatment may ask for you to receive decolonisation prior to attending their unit.

You will be prescribed a 5-10 day course of skin wash (dependant on length of nasal cream) and an antibiotic cream. If you are undergoing a planned procedure, your five day body wash should finish on the day of your procedure.

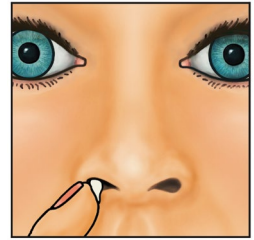
These products are:

- A body wash/shampoo that contains Chlorhexidine*. It is gentle on the skin and can be used by people with sensitive skin.
- An ointment which contains 2% Mupirocin* for putting in both sides of your nose.

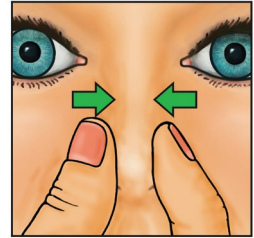
**Alternative products may be provided if a specific clinical need is identified such as allergies.*

How to use nasal cream

You will need to use the cream three times day for five days. Wash your hands and then place a small amount (about the size of a matchstick head) on your little finger or cotton bud and apply to the inside of your nose.



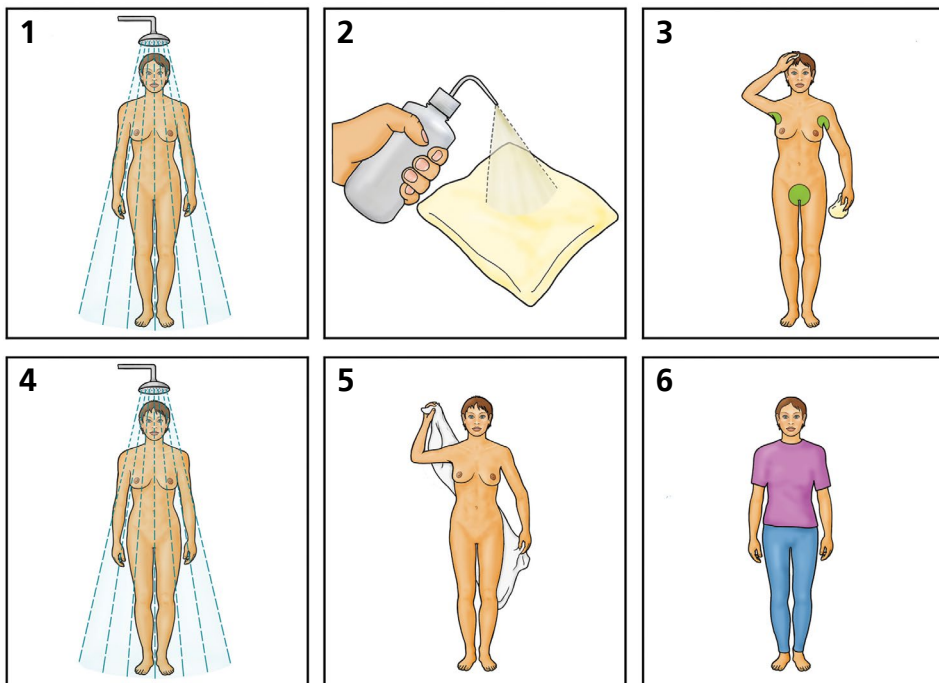
Repeat this on the inside of both nostrils. Press the sides of your nose together, this will help to spread the cream in your nose properly. Once you have completed this, it is important to wash your hands thoroughly.



How to use body wash

You will need to use the body wash for five consecutive days. If you have an open or infected wound please cover with a waterproof dressing.

1. Ensure body and hair is totally wet.
2. Step out of running water and apply undiluted body wash to your wet skin, with either hands or a cloth.
3. Start with you face and work downwards, paying particular attention to the areas around your nose, armpits and groin. Avoid contact with eyes and ears. Do not use the antiseptic wash inside your body.
4. Rinse the body wash off.
5. Dry off with a clean towel - do not share towels.
6. Put on clean clothing



Hair

You will need to wash your hair on days 1, 3 and 5 with the antiseptic wash. On the days you are washing your hair, wet hair then apply the antiseptic wash to your hair first before washing the rest of your body.

If you have assistance with washing your hair such as visiting a hair dresser, please take the hibiscrub with you and ask for your hair to be washed with the hibiscrub, then the stylist can apply your normal salon products.

Bed linen and clothing

We encourage you to change your sheets, pillow cases and towels at the beginning and end of treatment.

Will there be any side-effects?

The treatment has few side-effects however, if you develop a rash or sore skin please stop the treatment and contact the unit where you receive treatment. You will need to be given a more suitable product to use instead.

What happens at the end of my decolonisation?

No further action is required. You will continue to receive all necessary treatment, and will be re-screened in another three months. You may continue to get positive results that will again be treated with decolonisation.

The aim is to eradicate or reduce the amount of MSSA.



Family and friends

While MSSA can be passed from person to person, it is not a risk to healthy people and is unlikely to be a problem in the home or at work. You can continue with your normal daily and social activities. You should use your own towel and not share with others

Remember to encourage your family and friends to wash their hands frequently.

If you, your family or friends have a problem or questions, please don't be afraid to contact the Leeds Teaching Hospitals Infection Prevention and Control Team. Their contact number can be found on the back of this leaflet

Further information

You can find out more about MRSA and the use of your antiseptic pack by contacting the department that supplied it or the hospital Infection and Control team **0113 206 6339**

