



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

MSSA and MRSA Information for Dialysis Patients undergoing Central Venous Catheter insertion or Peritoneal Dialysis Catheter insertion

Information for patients, relatives and carers

① For more information, please contact:
The Renal Dialysis Unit Main Reception on:
Telephone number York: 01904 725370

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Why have I been given this leaflet?

You have been given this leaflet because you have been prescribed a body wash and nose ointment or cream to use. The leaflet gives you some information about why this has been prescribed and most importantly, how to use the body wash and nose ointment or cream correctly.

Many people carry germs on their skin or in their nose called either MSSA or MRSA without being aware of it. These germs do not cause any harm in people who are fit and healthy.

Because you are having, or planning to have dialysis treatment you may be at higher risk of infection if you are carrying MSSA and MRSA on your skin or in your nose.

What is MSSA?

MSSA stands for 'methicillin **sensitive** staphylococcus aureus'

This is a common type of germ. Most people have this germ on their skin from time to time and remain healthy. It is a germ that will respond to a range of different antibiotics, should it cause an infection.

What is MRSA?

MRSA stands for 'methicillin **resistant** staphylococcus aureus'.

This is the same type of germ as MSSA, but it has become resistant to some types of antibiotics. This makes it more difficult to treat should it cause an infection.

How do we test for MSSA and MRSA?

If you need to have a line inserted for haemodialysis, called a central venous catheter (CVC), or a catheter for peritoneal dialysis (PD catheter) then MSSA or MRSA bacteria on your skin or in your nose may increase the risk of getting an infection at the time of the procedure.

Swabs will be taken for both MSSA and MRSA prior to insertion of a PD catheter or CVC

How long does it take to get the results of the swabs?

The swab results are usually available within 48 hours.

How can the risk of infection be reduced?

We can reduce the risk of infection by ensuring your skin is as germ free as possible. You will be given a disinfectant skin wash and some nose ointment or cream to use for 5 days around the time of the procedure to insert your CVC or PD catheter. The treatment will start after the swabs have been taken. We call this '**suppression therapy**'.

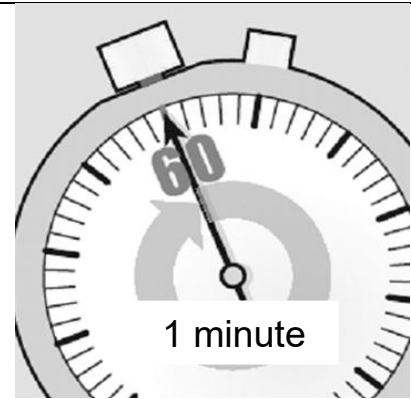
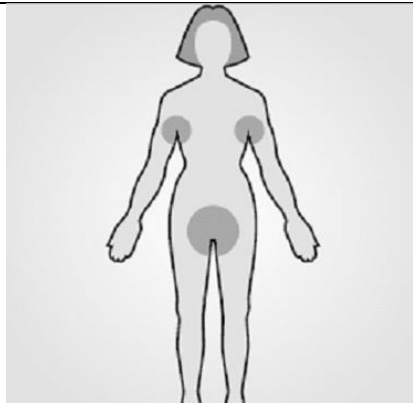
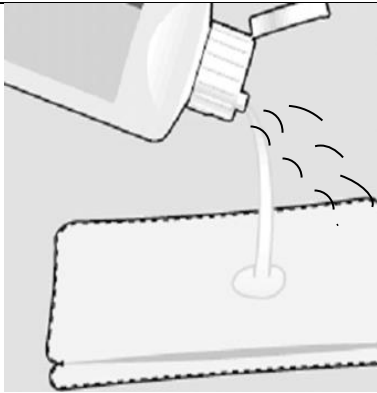
How do I use the body and hair wash?

You will be given some body and hair wash treatment called Hibiscrub® (chlorhexidine). You must wash with this every day for 5 days and wash your hair with it twice in the 5 days.

If you are allergic to chlorhexidine, have a peanut allergy, have skin conditions such as eczema or psoriasis, or have a long standing wound or sore, you will be given an alternative body and hair wash called Octenisan® (Octenidine).

Once you have started preparing your skin for your procedure, other shower or bathing products, lotions, moisturisers or make up should be used first and the treatment last to ensure it is left to have a lasting effect on the skin.

How to use Chlorhexidine (Hibiscrub) or Octenidine (Octenisan) Wash



Wet your skin and apply body wash onto your skin using a clean cloth
It is important to use the body wash
UNDILUTED

Wash all areas of body paying particular attention to your underarms, and between your legs.

Wash your hair twice
in five days

Leave the solution on your skin/hair for about one minute, and then rinse off. **Ensure you rinse your skin well with clean water.**
Dry your skin thoroughly using a clean towel.

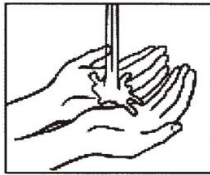
How do I use the nasal ointment or cream?

In addition to the body wash you will be asked to use mupirocin nasal ointment twice a day.

Wash your hands first. Put a small amount of the ointment (about the size of a match head) on your little finger and apply to the inside upper part of each nostril. The nostrils should then be closed by pressing the sides of the nose together to spread the ointment around the nostrils. If it is easier, a cotton bud may be used instead of the little finger but avoid pushing the cotton bud too far into your nostril. Wash your hands immediately after applying the ointment or cream.

If your swab results show MRSA or MSSA is present and mupirocin resistant we will use an alternative nasal cream called Naseptin (chlorhexidine and neomycin). This is applied to both nostrils in exactly the same way as the mupirocin ointment. It is important that you tell the doctor or nurse if you have an allergy to chlorhexidine **or nuts**.

Nasal ointment treatment



1. Wash and dry your hands



2. Unscrew the cap and squeeze a small amount of ointment, about the size of a matchhead onto your little finger



3. Apply ointment to the inside of one nostril, at the front of your nose



4. Repeat steps 2 and 3 for the other nostril



5. Close your nostrils by pressing the sides of the nose together for a moment. This will spread the ointment inside each nostril



6. Wash and dry your hands, then replace the cap on the tube

What if the swabs results show that I do not have MSSA or MRSA?

If the swab results show that you do not have MSSA or MRSA then you can stop using the skin wash and nasal ointment/cream after 5 days

What will happen if the swabs show that I do have MSSA or MRSA?

If the swabs show that you have MSSA or MRSA you will have further swabs taken 2 days after completing the 5 days treatment.

If the second swabs show you still have MSSA or MRSA, you will have a further 5 days treatment (10 days if using Naseptin). If the germs have shown on the throat swab, then you will need to have some additional treatment with a chlorhexidine mouthwash that you must gargle with.

Two days after the treatment has stopped, further swabs will be taken to see if the germs have gone. If the germs are still present you may require some further treatment.

If I have MSSA or MRSA on my skin can I still come for haemodialysis?

If we find either of the germs on your skin you will still come for dialysis.

If the swabs show that you have MSSA you can continue to have haemodialysis as usual.

If the swabs show that you have **MRSA**, then you will need to have your dialysis in a room by yourself to reduce the risk of infection spreading to other people coming to the dialysis unit.

Do family members need to be screened?

There is no need to screen family members. However, if you are in hospital and your family is visiting, they should wash their hands on entering and leaving your room, and use the disinfectant gel (hand sanitizer). If they are visiting other people in hospital on the same day, they should visit you last.

Is there anything else I need to do?

If you use flannels or sponges to wash with ensure these are cleaned, rinsed and allowed to dry, as leaving them wet can harbour germs. Try to use clean, dry towels when you get washed.

Your clothes and bed sheets should be washed at the hottest temperature they will withstand.

On-going screening while your dialysis CVC is in place

Most patients will be screened every 3 months for MRSA only.

Some patients may have a higher risk of infection. This may be due to having a replacement heart valve, a pacemaker, previous infection in the bloodstream or other factors identified by their renal consultant. High risk patients will be screened every 3 months for both MRSA and MSSA.

All positive results will be treated using one of the body washes and nasal ointment or cream described in this leaflet.

On-going screening while your PD catheter is in place

We do not routinely screen once your PD catheter is in place. However, we may take further swabs if there are signs of infection where the tube comes out of your body (PD exit site) or if you develop infection in your peritoneum (PD peritonitis).

For more information about MSSA or MRSA, you can visit the following websites:

www.nhs.uk

www.hpa.org.uk

www.york.nhs.uk (follow the link for Infection Prevention)

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

The Renal Unit, The York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 725370.

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Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

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PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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