

Consumer information

Decolonisation treatment for MRSA carriage

Staphylococcus aureus (also known as Golden Staph) is a type of bacteria (germ) that can be commonly found on human skin and often in the nose. It can sometimes cause infection and may require treatment with antibiotics. Some *Staphylococcus aureus* bacteria have developed resistance to many antibiotics and these are known as methicillin-resistant *Staphylococcus aureus* (MRSA). The use of medicines to reduce or eliminate the carriage of MRSA is known as “decolonisation” treatment.

Why do you need to have a decolonisation treatment?

The purpose of decolonisation treatment is to reduce the number of MRSA bacteria on your skin and/or in your nose, which then decreases the risk of spreading the MRSA to others or developing an infection. If the presence of MRSA bacteria is identified prior to surgery it gives the medical staff an opportunity to provide suitable treatment to lower the risk of getting an infection.

When is decolonisation treatment given?

In order to reduce the burden of MRSA on your skin, medical staff may suggest decolonisation treatment particularly for elective surgery such as:

- > cardiothoracic surgery
- > major orthopaedic surgery e.g. hip or knee replacement
- > major vascular surgery e.g. surgery requiring grafts.

Occasionally, there is a need to treat an entire family or household, especially if there is a history of repeated episodes of skin infections within the household. If so, the medical team and/or the Infection Prevention and Control Unit staff should discuss this further with you and your family.

What is the decolonisation treatment?

There are two parts to the decolonisation treatment:

1. chlorhexidine or triclosan body wash, and
2. mupirocin nasal ointment (antibiotic cream).

The decolonisation treatment takes approximately one week to complete.

What do you need to do?

You will be instructed when to commence the treatment. On this day and subsequent days, instead of using your regular soap in the shower/bath, substitute with the medicated body wash for as many days as prescribed by your doctor. You will also be instructed to wash your hair twice during the treatment period with the same product.



On each day, you will also be instructed to use the mupirocin nasal ointment. To do this, wash your hands, apply a small amount (about the size of a match head) to the inside of each nostril, and massage the outside of your nostrils to spread the ointment around. Alternatively, you can use a small cotton bud to apply the ointment. After applying the mupirocin, wash your hands again. The mupirocin ointment needs to be put inside of each nostril three times each day, for the duration of the decolonisation treatment period.

What else can you do to help?

Once you have started the treatment, we recommend that you:

- > change your clothing, bedding, towels and other linen at the commencement of treatment and at least twice more throughout the treatment
- > wash your linen using a normal cycle in hot or cold water with detergent
- > wash your hands once you have handled the linen.

After decolonisation, will MRSA come back again?

There is always the possibility that even with decolonisation you could still have MRSA. Further swabs will be required to determine this.

Where can I find more information on MRSA?

If you would like more information on MRSA, the treatment, or have concerns that you need to talk to someone about, please speak to the Infection Prevention and Control staff of your hospital, or you can access information from the following SA Health web pages:

- > Infection prevention and control: www.sahealth.sa.gov.au/hospitalinfections
- > "You've Got What?": www.sahealth.sa.gov.au/youvegotwhat

For more information

**Infection Control Service
Communicable Disease Control Branch
11 Hindmarsh Square
Adelaide SA 5000
Telephone: 1300 232 272
www.sahealth.sa.gov.au/Hospitalinfections**

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*SA Health Safety and Quality Community Advisory Group.



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