

Consumer Information

Staphylococcus aureus Patient Decolonisation

The information in this fact sheet provides general principles regarding *Staphylococcus aureus* (*S.aureus*) including methicillin-resistant *S.aureus* (MRSA).

S.aureus is a type of bacteria (germ) that can be commonly found on human skin and in the nose. It can sometimes cause infection and may require antibiotics. Some strains of *S.aureus* bacteria have developed resistance to antibiotics, and these are known as MRSA.

The use of medicines to reduce or eliminate the carriage of *S.aureus* is known as a “decolonisation” program. A decolonisation program may be prescribed by the treating medical team, considering the level of risk from ongoing colonisation and can involve the use of body washes and nasal ointment.

Why people may be recommended for MRSA decolonisation?

To reduce the number of bacteria on the skin and/or in the nose.

When can a decolonisation program be recommended?

The treating doctor may recommend decolonisation prior to elective surgery such as:

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

Example of a decolonisation program

There can be two parts to a decolonisation program:

- > **Body Wash:** The use of a Chlorhexidine 2-4 % (or other antibacterial agent such as Triclosan if allergic to Chlorhexidine) body and hair wash may be recommended in place of normal soap/shampoo, used once a day for 5 days prior to surgery and again on the day of surgery.
- > **Nasal Ointment:** Mupirocin nasal ointment (antibiotic cream), twice a day for 5 days prior to surgery.

Refer to the product information and advice from the treating medical team for how to use these products.

What other actions may be recommended?

The decolonisation program, may also involve:

- Changing clothing, bedding, towels and other linen at the commencement of treatment and at least twice more throughout the treatment.
- Washing bedlinen using a normal cycle in hot or cold water with detergent.
- Regular hand washing hands, including after handling bed linens or using nasal ointment.

How effective is decolonisation?

There is always the possibility that even with decolonisation you could still have *S.aureus* or MRSA. Further swabs later may be recommended by your health care provider.

Table 1: Decolonisation tracking record

Tick each time you have used the nose cream and body wash. This acts as a log and reminder for you. Remember to wear clean clothes every day and use a clean towel.							
Day		1	2	3	4	5	6
Date	START/.../..../.../..../.../..../.../..../.../....	.../.../.. Morning of surgery
Body Wash Use a new sponge or flannel each day and ✓ when done	Use daily. *Wash hair on days 1 & 3	*		*			
Nasal Ointment ✓ when done	Use twice a day						
	8.00am						
	8.00pm						
<i>Note: It is important not to miss any doses of this ointment. If you do miss a dose use it as soon as possible.</i>							

#Table adapted from CALHN Consumer information sheet-CISO2728

Further Information

For further information on *S.aureus* or MRSA or if you have concerns, please speak to your doctor and/or the infection prevention and control staff of your hospital. You can also 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

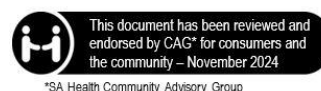
For more information

Infection Control Service
Communicable Disease Control Branch
 11 Hindmarsh Square
 Adelaide SA 5000
 Telephone: 08 7425 7161
www.sahealth.sa.gov.au/hospitalinfections

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