## Management of MRSA infection following surgery (11HDC01438, 21 June 2013)

Plastic surgeon ~ Breast reduction surgery ~ Information ~Informed consent ~ Postoperative care ~ MRSA ~ Care coordination ~ Documentation ~ Rights 4(1), 4(2), 4(5), 6(1)(f)

A woman consulted a plastic surgeon to discuss breast reduction surgery. She told the plastic surgeon of her concerns about post-operative infection. The plastic surgeon allayed all of her fears and gave her confidence that she would have nothing to worry about, and she proceeded with the surgery.

Post-operatively, the woman developed infections in her wounds. She telephoned the plastic surgeon's clinic and advised a nurse that she was nauseous and feeling hot and cold. The plastic surgeon instructed the woman to discontinue her antibiotics. The woman continued to feel ill and became increasingly concerned. She presented at the clinic and consulted with either the plastic surgeon and/or his nurse on five occasions over a two week period. During that time, the woman was prescribed an oral antibiotic, an antibiotic ointment, and swabs of her wounds were taken.

The swabs cultured Methicillin Resistant Staphylococcus aureus (MRSA) and Staphylococcus aureus. There is no evidence that the woman was informed that she had MRSA, or that her general practitioner was informed. The woman presented at the clinic the following week, and the plastic surgeon reviewed her wound and instructed her to return in three weeks' time. When the woman phoned the clinic two and a half weeks later, she was told that the plastic surgeon was not available, and she was referred to the District Nurse. The District Nurse was also not advised that the woman had MRSA.

It was held that it was more likely than not that the woman and the plastic surgeon discussed the risk of infection at the first consultation. However, in attempting to allay the woman's concerns about the procedure, it appears that the plastic surgeon may have understated that risk. He did not take sufficient care to ensure that the woman's expectations in that regard were appropriately managed, particularly given her experience and expressed concerns in relation to infection. It was recommended that he review his practice and take greater care in the future when discussing the risks of surgery with patients.

The plastic surgeon should have reviewed the woman more closely when it was known that her wound swab had cultured MRSA. He did not provide post-operative services to the woman with reasonable care and skill, and breached Right 4(1).

The plastic surgeon breached Right 6(1)(f) for failing to inform the woman of the results of the swabs and that she had MRSA. He also breached Right 4(5) for failing to inform her general practitioner and the district nurse that the woman had MRSA, which was information they required to ensure her ongoing care was co-ordinated.

The plastic surgeon's record-keeping in this case was incomplete and inadequate, and a breach of Right 4(2).