



Infection control needs teamwork: An patient story about defeating MRSA

Presented by Vanessa Carter
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#PatientSafetyDay

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Take home Question

Do you think
patients matter
to infection
prevention and
control?





My last photo age 25-yrs



10.05.2004 13:36



Woke up in Charlotte Maxeke Johannesburg Academic Hospital, High Care. 30% Survival.

List of injuries

1. Head Injury and facial fractures

Broken nose, broken jaw, smashed right maxillary sinus, orbital blowout, lost the right eye, severe facial lacerations.

2. Major Abdominal Injury

Haemoperitoneum of 400ml, Transection of proximal small bowel, Tears of the mesocolon, scattered haematomas of the small and large bowel, Small bowel resection of the jejunum performed as well anastomosis completed, haemostasis effected and washout performed. 8 years later adhesive bowel obstruction.

3. Fractured Pelvis

4. Neck Injury

5. Back Injury






RECOVERY HISTORY

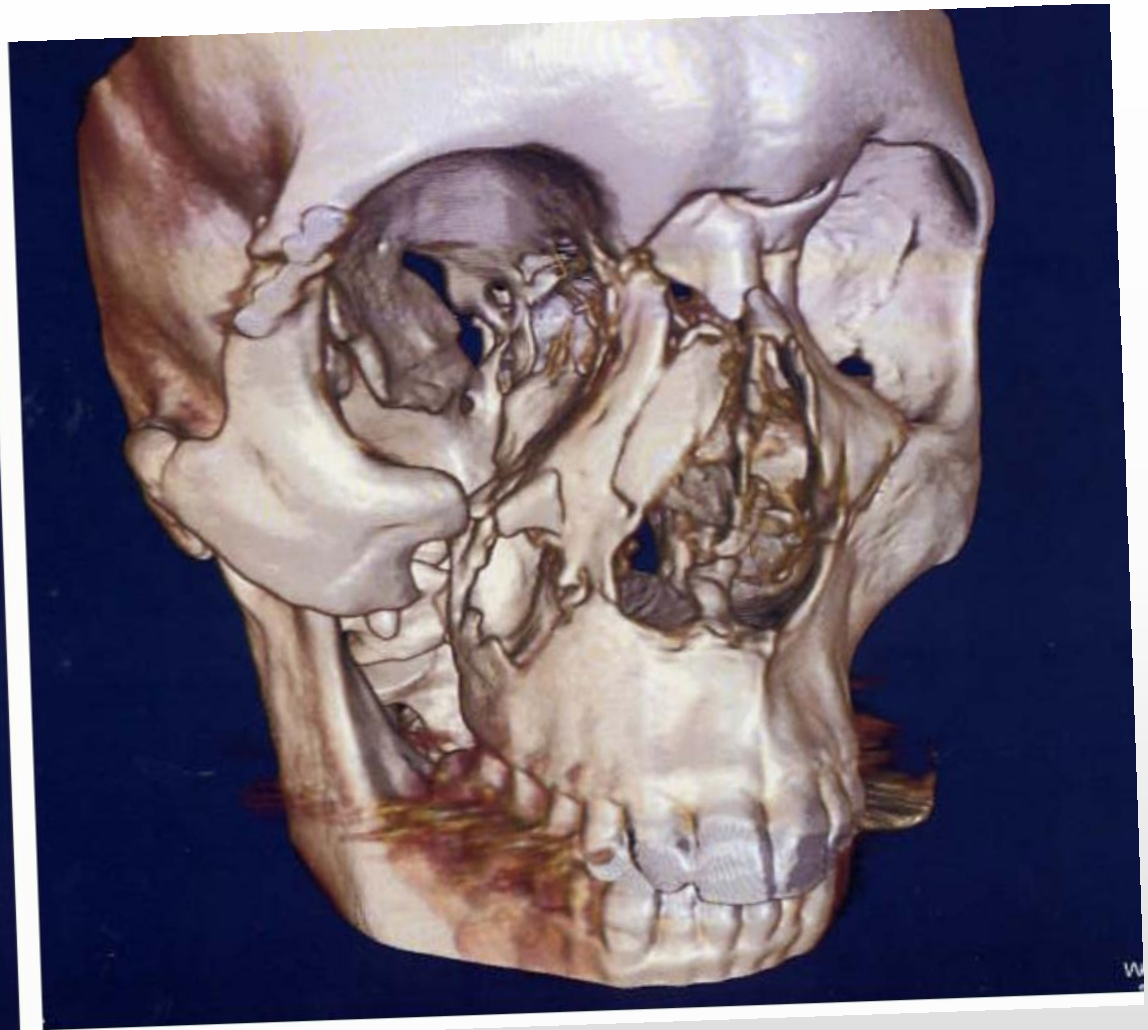
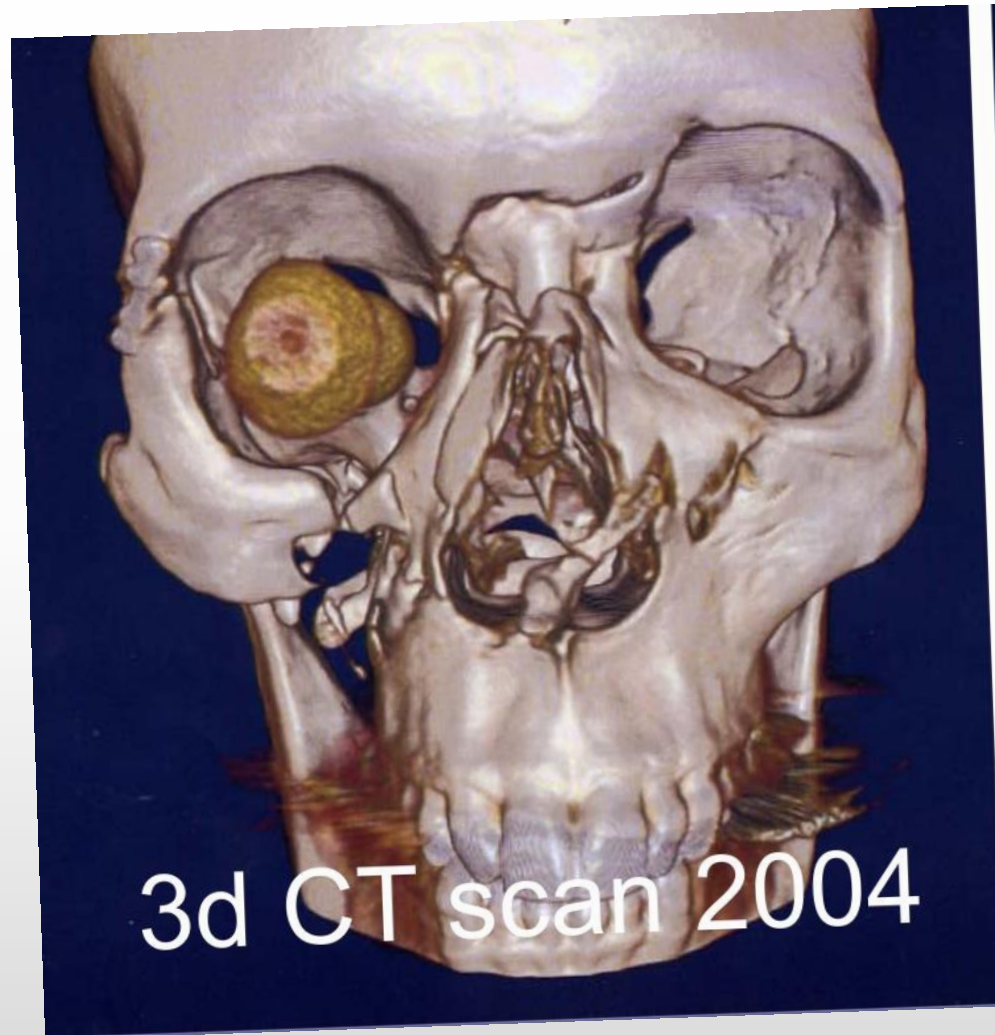
First year of recovery, I could no longer recognise myself.

Learned to drive again, couldn't walk, extreme headaches and swelling, 6 year medical-legal trial.

Learned to accept my new face, learned to work around one eye, figured out how to fund my surgeries.

A photograph of three surgeons in an operating room, wearing teal scrubs, masks, and caps. They are focused on a surgical procedure. A large, circular surgical light fixture is visible in the background. The image has a teal color overlay.

Facial Surgeries 2004 – 2013

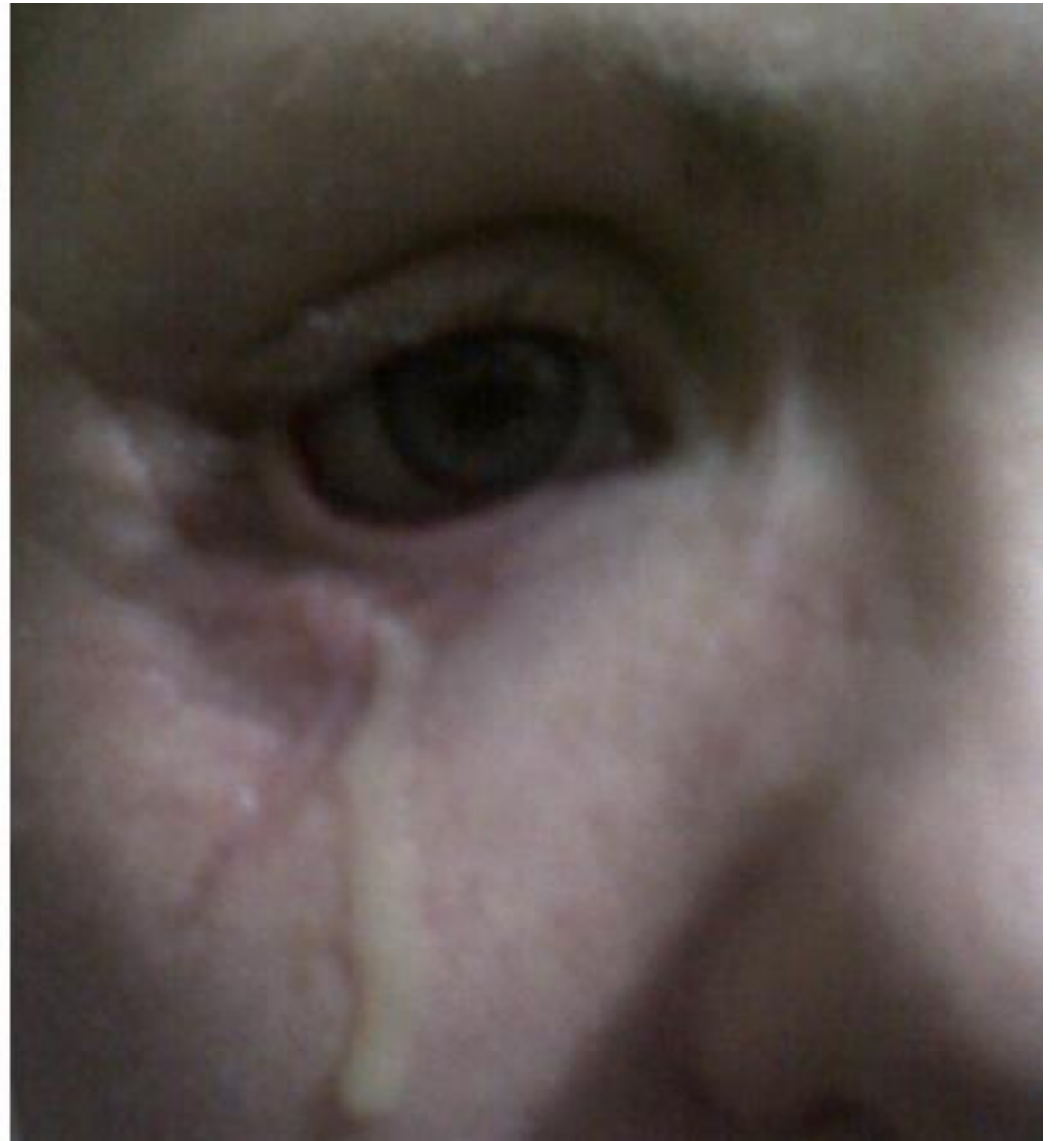


Initial surgeries to rebuild the bone structure and repair facial scars



Prosthetic number 4
Alloplastic implant with
3D printing tech

2010
Maxillofacial surgeon



A few weeks later after the implant and an ectropion surgery by a plastic surgeon an infection appeared

Fragmented Care

Take the
prosthetic
out

Debridement
and flap surgery

Sinus drainage
and debridement

Leave the
prosthetic
in



Doctors giving different opinions, referring between them and prescribing antibiotics



Continuous emergency surgeries and debridements for almost a year to repair soft tissue

Point of no return. Zygomatic implant finally removed and doctors didn't know if they could repair the final damage

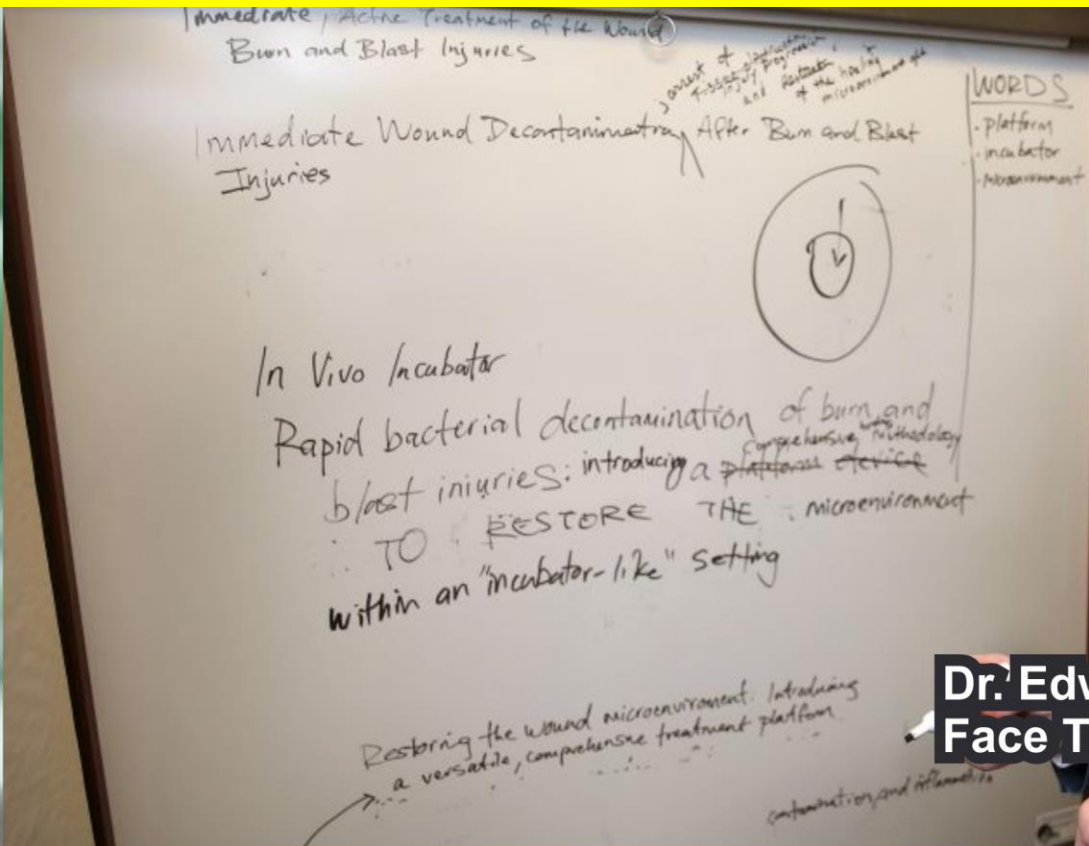


DIAGNOSTICS:
MRSA





VIDEO CONSULTATION 30 MINUTES FROM BRIGHAM AND WOMAN'S HOSPITAL

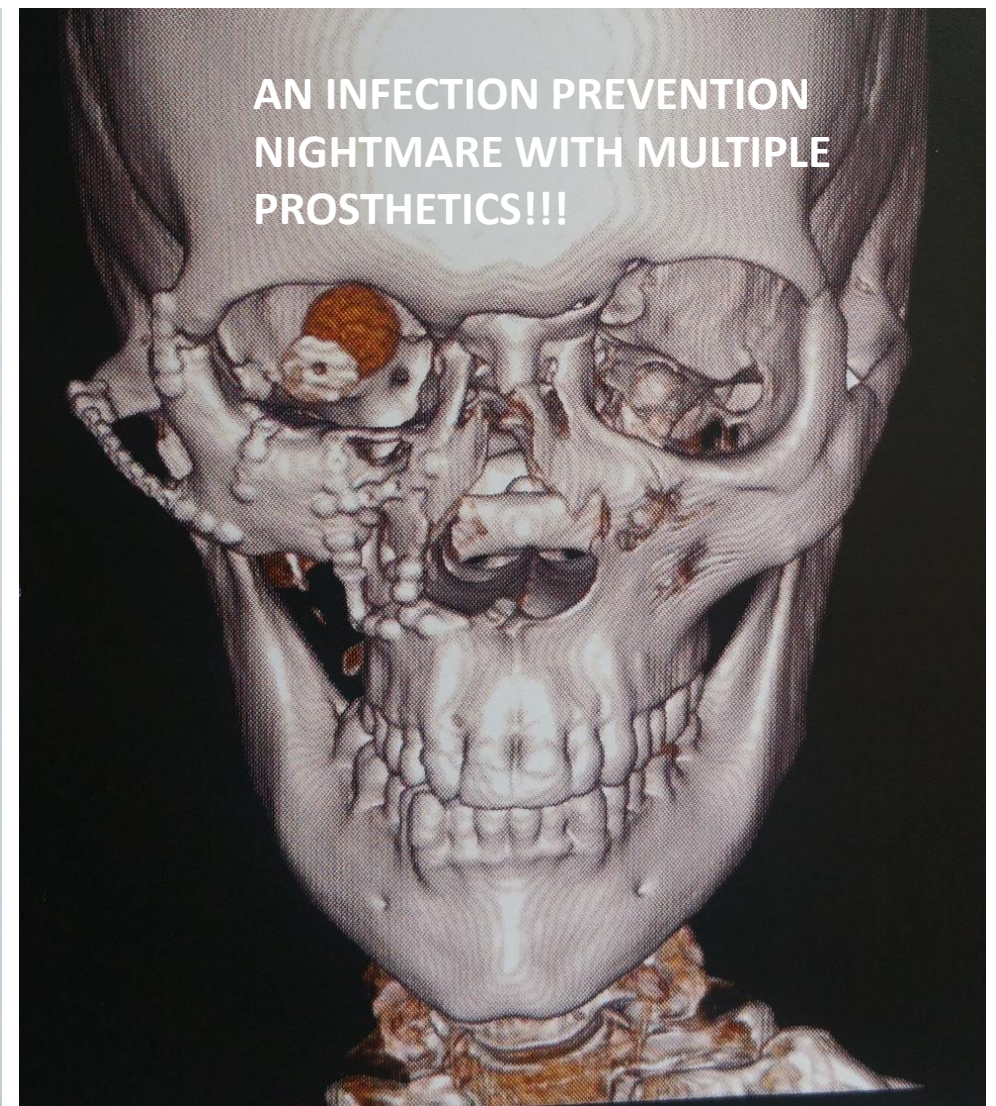
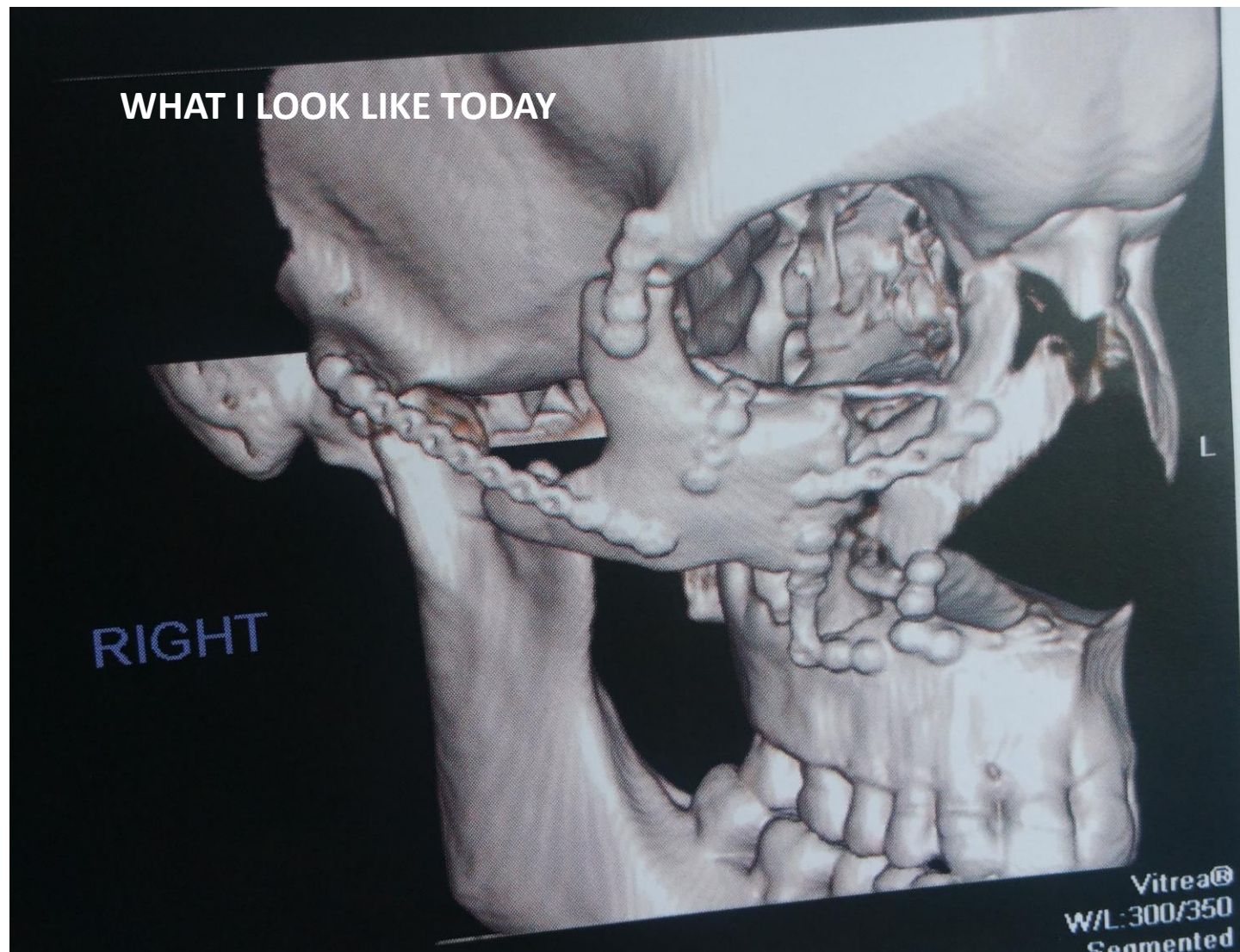


Dr. Edward J. Caterson
Face Transplant Team, Boston

Prof Reyneke agreed with Dr Caterson



Professor Johann P Reyneke, Sunninghill Hospital.



Zygomatic osteotomy
Titanium implants and plates, Medpore orbital floor, acrylic eye

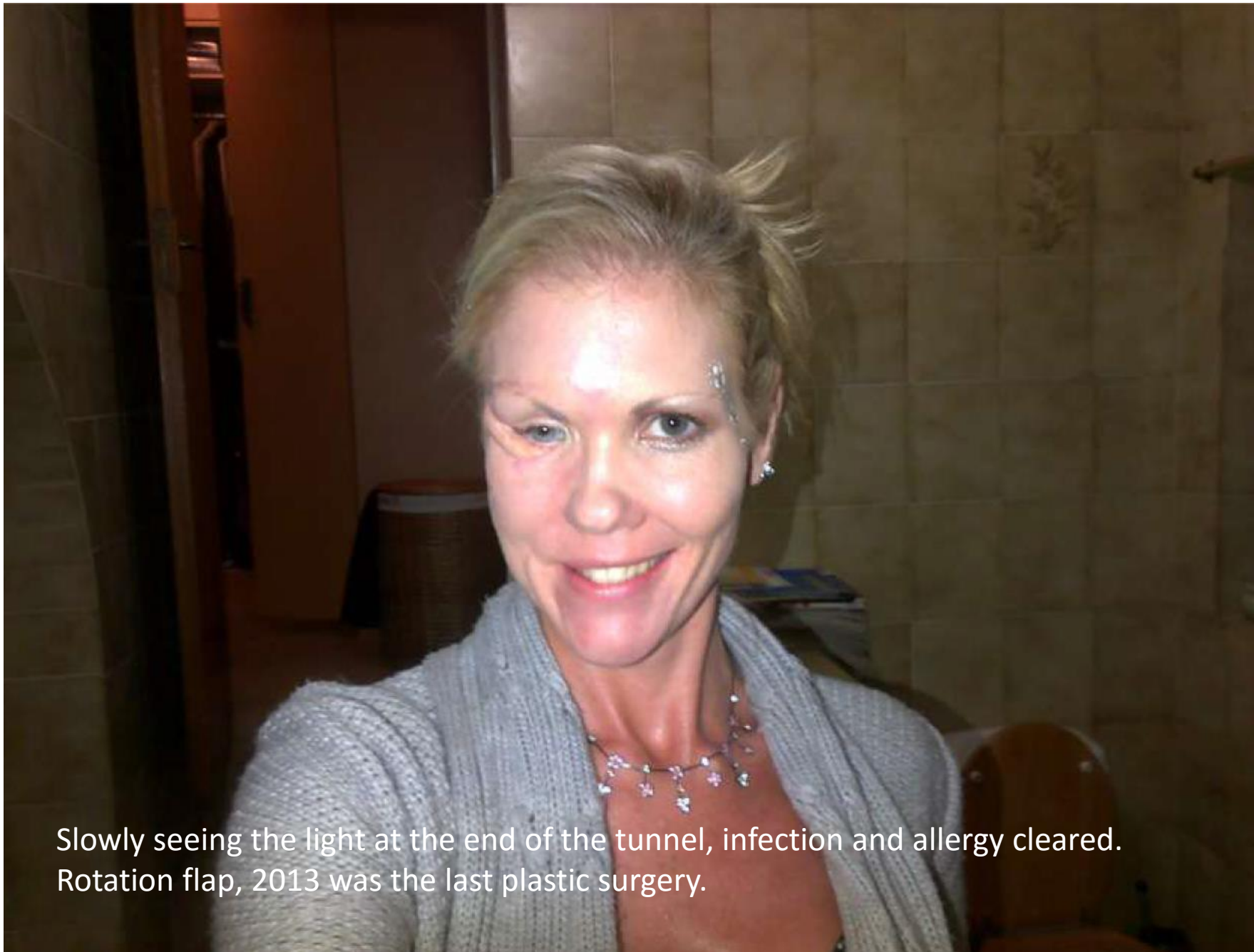


Worst fear, a bone infection. This turned out as both an infection and allergy.



2 months later

Rotated antibiotics, while reporting in every week. Followed IPC strictly.
Was taught about antibiotic resistance by the professor.



Slowly seeing the light at the end of the tunnel, infection and allergy cleared.
Rotation flap, 2013 was the last plastic surgery.

Tissue settled. Final result 2013.



3 lessons learned as a patient for extensive Infection Prevention and Control (IPC) of MRSA

Educate

Educate patients about their role in IPC.

Manage

Manage the infection as a team **in and out of hospital.**

Patients are part of the management team from IPC to antibiotic stewardship.

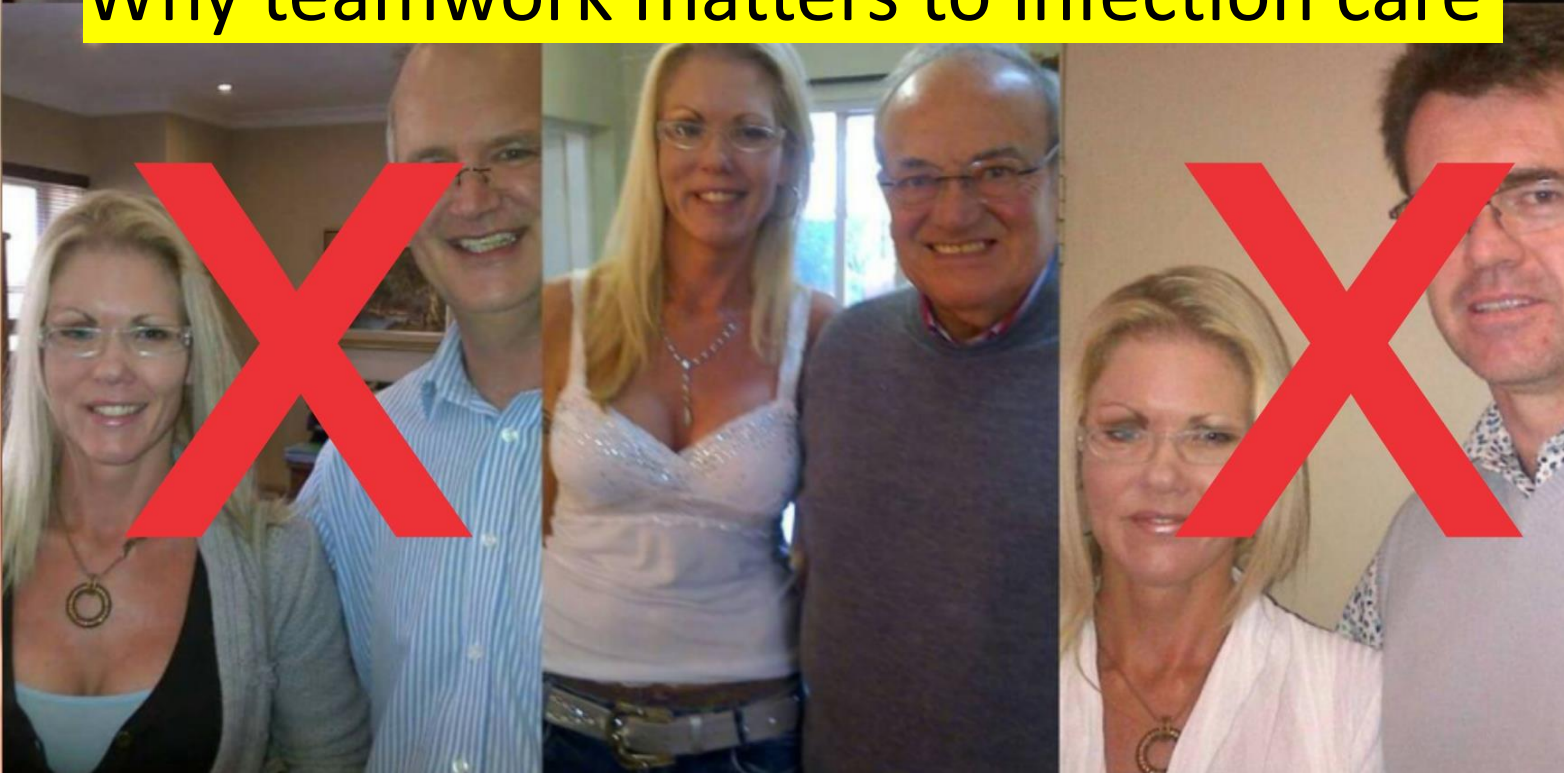
Empower

Empower patients to track their infection and send feedback to HCP's.



Why teamwork matters to infection care

“Are you keeping that artificial eye sterile because it is another foreign body? You should remove it.”



Taught by my ocularist and ophthalmologist, not my nurse or other care providers. But it made a difference.

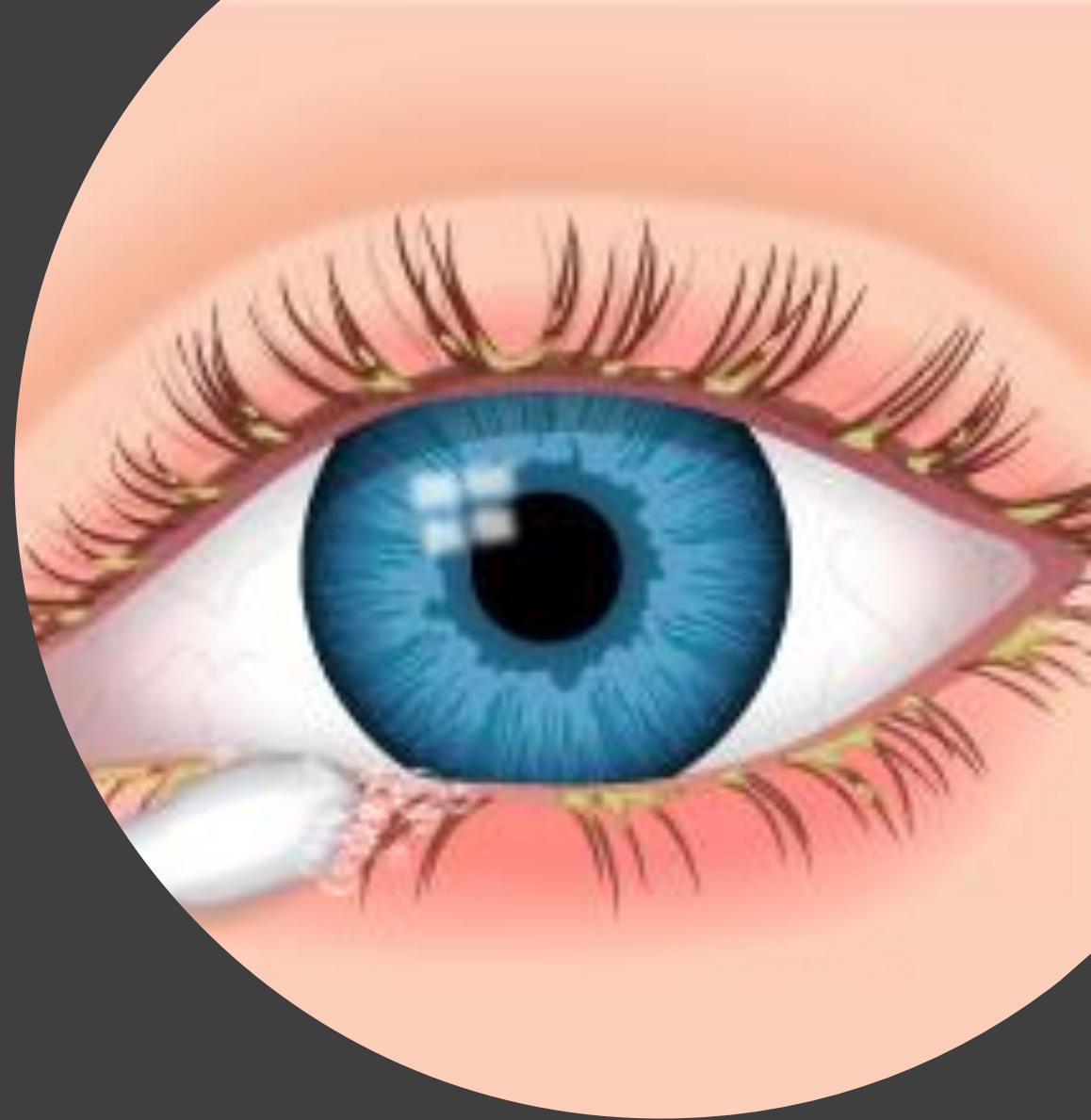
Blepharitis: Last remains of infection

There are several possible causes of blepharitis, including:

- Bacterial eyelid infection
- Meibomian gland dysfunction (MGD)
- Dry eyes
- Fungal eyelid infection
- Parasites (Demodex eyelash mites)

Infection care taught by ophthalmologist

Very difficult place to reach for antibiotics and by then I seemed to be allergic to topical ointments used on surgical sites like Chloramex



Does the future offer any promising solutions to IPC?

1. Track adherence to antibiotics
2. Provide reliable information to patients about IPC and antimicrobial resistance
3. **Track infection progress daily**
4. Capture data on a medical record

These types of ideas are endless.....



Put power into the patient's hands too

"As a patient, I had to take care of my infection when my nurses or doctors weren't around.

That was equal to about 90% of my time fighting MRSA on my own.

As long as I was powerless to fight my infection it always won."

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Thank you

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