



Baby with MRSA infected surgical wound

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A few months old baby had developed a twisted bowel. The baby was admitted to the paediatric surgical unit in Oxford. Some necrotic bowel had to be excised and the health ends were anatomised. Post-operatively the baby developed inflammation in the lateral portion of the wound and methicillin resistant *Staphylococcus aureus* (MRSA) was isolated from the wound. The low grade inflammation did not warrant giving antibiotics and so local topical antiseptics were suggested. The baby was in the paediatric ward being barrier nursed. Unfortunately the mother had mental health problems and was also requiring patient care in the psychiatric unit.



Day 0 to 4

SurgihoneyRO™ treatment was commenced and by day 4 the clinician reported wound improvement.

Day 5 to 11

The wound remained slightly inflamed and MRSA continued to be isolated. When the baby was reviewed by the Infection Team, the disappointing results were noted and it was decided that if there was no improvement in 24 hours that SurgihoneyRO™ would be discontinued and an alternative topical agent, possibly with systemic antibiotics would be started. However on closer investigation, we found that the consultant who had been asked to apply the SurgihoneyRO™, was given the dressing and a small tube of Medihoney from pharmacy rather than the evaluation SurgihoneyRO™ since day 3. Once this was identified, treatment was switched back to SurgihoneyRO™ and clear instructions to apply this daily were given.



Day 12 - 19

SurgihoneyRO™ was applied daily. By day 19 the wound had completely healed and MRSA was no longer detected on swabbing. The baby was transferred from the acute ward to be with his mother in the Mother and Baby Psychiatry Facility. SurgihoneyRO™ was continued for a few more days as a cautionary step.