

Why Should Anaesthetists Care About MRSA And VRE?

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Methicillin-resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant enterococcus (VRE) are well recognised human pathogens as well as colonisers of human skin, mucous membranes and other sites. The introduction of antibiotics has been one of the major advances in medicine in the last century, yet, it has come at a price. Antimicrobial pressure has caused the microorganisms to adapt and develop resistance mechanisms. Looking back over the last few decades it is astounding and scary to observe the speed and success of these adaptation processes.

In the majority of cases a person colonised with either MRSA or VRE will not develop an invasive infection, and therefore will neither be in danger of having to be treated with suboptimal antibiotics. But the group of high risk individuals who are susceptible to developing severe illness after exposure to resistant organisms are found, nicely co-horted, in health care facilities. And what more, when subjected to an invasive procedure, when healthy skin and mucous membranes are breached, offer the perfect entry point for pathogenic microorganisms. Peri-operative antimicrobial therapy is an adjunct helper to selecting out particularly difficult-to-treat pathogens, so is the fact that in particular MRSA is a frequent coloniser of the health care worker.

The two main ways in which the anaesthetist can increase the risk of invasive infection with MRSA or VRE in their patients are by poor aseptic technique or poor hand hygiene.

The challenge is to have a well functioning system to screen and monitor health care workers for the presence of certain colonising organisms without spoiling the exercise by creating a witch-hunt.

The balance will lie in the process that encourages screening for the benefit of the patient and is in the interest of the health care dollar without penalising health care professionals in form of fiscal disadvantages or by ways of stigmatisation.