

Can *Clostridium difficile* return after treatment?

Yes if you have had *Clostridium difficile* once, you have about a 1 in 5 chance of being infected again in the future. We may ask you to continue with treatment once you go home.

If you do need to continue treatment or take any special precautions when you go home the Ward Staff will advise you, prior to discharge.

IMPORTANT

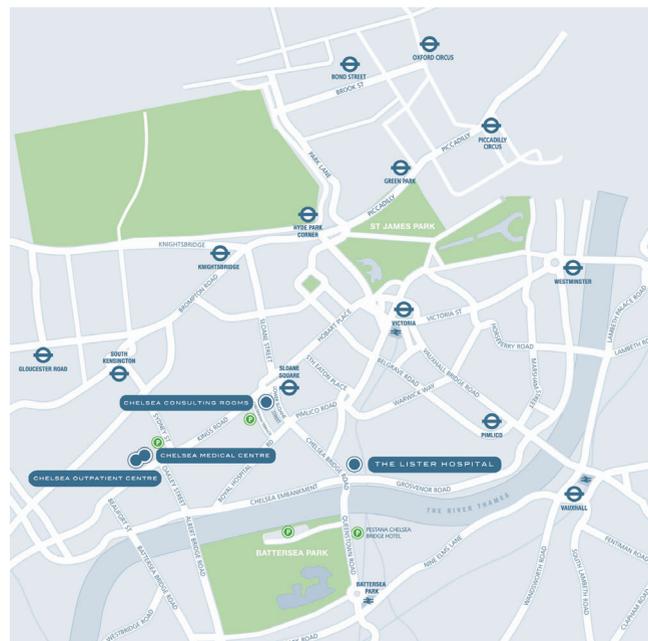
In the future, if you are admitted to any hospital please make sure you tell the staff if you have had *Clostridium difficile* in the past.

The Infection Prevention and Control Nurse will be pleased to answer any further questions you may have with regard to *Clostridium difficile*.

References

Clostridium difficile infection: how to deal with the problem, Guidance from the Department of Health (January 2009)

Map



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Patient Information Leaflet *Clostridium difficile*

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What is Clostridium difficile infection?

Clostridium difficile (*C. difficile*) is a bacterium. It lives harmlessly in the gut of around two thirds of children and about 3-5% of adults. It causes no harm in healthy people. However, if the number of *C. difficile* bacteria increases greatly in the gut, then it can cause problems. The most common reason why this occurs is due to taking antibiotics.

How serious is the infection that can develop?

C. difficile bacteria make toxins that can cause inflammation and damage to the inside lining of the lower gut (the colon, also known as the large bowel). There are different strains of *C. difficile*, and some can cause more serious illness than others. The severity of the infection and illness can vary greatly. Symptoms include mild to moderate watery diarrhoea, possibly accompanied with crampy abdominal pains, feeling sick and fever.

Strain O27 produces more toxins than most other strains and is more likely to cause severe illness such as pseudomembranous colitis. Colitis means inflammation of the colon. Pseudomembranous means that if you were to look inside the colon, you would see membrane-like patches on the inside lining of the colon. This can cause bloody diarrhoea, abdominal pain, a distended colon and abdomen, fever, and make you very unwell. In some cases it becomes severe and life-threatening ('fulminant colitis') and the colon may perforate (rupture). This can lead to serious infection and - in rare cases - death.

Who gets Clostridium difficile infection?

Anyone who takes a course of many types of antibiotic is at risk of developing *C. difficile* infection. In most cases, the symptoms start within a few days of starting the antibiotic. However, in some cases, symptoms develop up to 10 weeks after finishing a course of antibiotics.

C. difficile bacteria can spread very easily. This may occur if spores get onto the hands of healthcare staff that come into contact with infected persons, or via contaminated objects or shared equipment e.g. bedpans, toilets and clothing.

How is Clostridium difficile infection diagnosed?

A stool (faeces) sample can be tested in the laboratory to confirm the diagnosis. The test looks for the toxin that is produced by *C. difficile* in the stool sample. Blood tests, an X-ray of your abdomen or a CT scan may be suggested if you have a more severe infection.

How is C-Difficile infection treated?

The decision to treat *C. difficile* infection, and the type of treatment, depends on the severity of the illness.

No treatment is needed if you have no symptoms but are known to 'carry' the bacteria in your gut. However, if symptoms develop, treatment will be required, and people who have mild infection can often be treated at home.

However, if the infection is more severe, you

will usually be admitted to hospital so that you can be treated and closely monitored.

Preventing the spread of infection to others

You, and those caring for you, also need to follow strict hygiene measures if you have *C. difficile* infection. This will help to prevent the spread of infection to others. If you are in hospital, the following measures are usually suggested:

- You should have your own room, wash basin and toilet facilities
- You should regularly wash your hands thoroughly, especially after you have been to the toilet
- Those caring for you should wear disposable gloves and aprons and wash their hands with soap and water before and after attending to you. Hand gel is not an alternative to soap and water but may be used after hand washing. This is because hand gel may not kill the *C. difficile* spores
- Toilets, surfaces, floors, bedpans, bedding etc should be washed regularly
- Visitors should also wear disposable gloves and aprons and wash their hands as they enter and leave your room

Note: you should remain off work or school until you have been free from diarrhoea for 48 hours.