Letters and comments

Contributors to this section are asked to make their comments brief and to the point. Letters should comply with the instructions to authors at <http://www.rcseng.ac.uk/publications/annals/authorinstructions.html>. Tables and figures should only be included if absolutely essential and no more than five references should be given. The editor reserves the right to shorten letters and subedit contributions to ensure clarity.

COMMENT ON

doi 10.1308/003588406X114866

EJ Whitehead, JF Thompson, DR Lewis. Contamination and decontamination of Doppler probes. *Ann R Coll Surg Engl* 2006; **88**: 479–81

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MRSA contamination

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We read this intervention study with interest and were impressed with the effect of staff education on the number of positive cultures obtained from Doppler probes. We recently performed a similar audit of Doppler probes, computer keyboards and mouse terminals on our vascular wards to identify specifically contamination with methicillin-resistant *Staphylococcus aureus* (MRSA), which the authors did not specify in their study. Of all the potential cross-contaminating organisms, MRSA is the most clinically relevant as MRSA infection in vascular patients can be a fatal complication.¹

With staff unaware of the audit in process (but using our standard hospital decontamination and ward-cleaning protocols), over 5 days we were unable to culture any organisms from the Doppler probes, indicating that our systems were probably adequate to prevent probe cross-contamination; however,

MRSA was cultured from 3% of the keyboards and mouse terminals sampled ($n = 31$). MRSA contamination of keyboards and mouse terminals has been previously reported,² but with increasing use of computer software in frontline patient management such as PACS terminals and bed-side communication systems, hospitals need to address the problem of 'electronic' contamination of MRSA urgently.

References

1. Cowie SE, Ma I, Lee SK, Smith RM, Hsiang YN. Nosocomial MRSA infection in vascular surgery patients: impact on patient outcome. *Vasc Endovasc Surg* 2005; **39**: 327–34.
2. Wilson APR, Hayman S, Folan P, Ostro PT, Birkett A, Batson S *et al.* Computer keyboards and the spread of MRSA. *J Hosp Infect* 2006; **62**: 390–2.

COMMENTS ON

doi 10.1308/003588406X149363

MF Beesley, AI Zubairy, CP Charalambous. An objective method to assess the efficacy of theatre scissors. *Ann R Coll Surg Engl* 2006; **88**: 677

COMMENT 1

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The practical application of a method of assessing defective theatre scissors

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Beesley *et al.* described a method of assessing the efficacy of theatre scissors. It would be interesting to see the data comparing old and new scissors and whether there is a significant difference. The authors did not indicate why they chose 190 g as the test weight. Since different individuals exert different forces and use subtly different techniques when using scissors, there is a need to correlate between the objective performance in this test and