Letters to the Editor

Report on Chloroxylenol-Containing Antiseptic: Reference Correction

To the Editor:

I would like to draw your attention to several points in "Brief Report: The Antiseptic Efficacy of Chlorxylenol-Containing vs. Chlorhexidine Gluconate-Containing Surgical Scrub Preparations" (Soulsby et al, *Infect Control* 1986; 7:223-226). In the discussion on page 225, the authors state that ". . . chlorhexidine gluconate-containing formulations are ineffective against coagulase-negative staphylococci . . . iodophor's immediate effect is lost during the initial hour of use . . ." These statements are referenced, but I am unable to find supportive evidence in those references. The Aly et al study cited regarding chlorhexidine does not involve any antiseptics; the Van De Hoeven et al study cited regarding iodophors involves once daily sampling of skin bioload and therefore cannot describe the first hour's effect. While rebound growth under surgical gloves has been reported previously with iodophors, I had not previously heard that chlorhexidine is ineffective against coagulase-negative staphylococci.

David Birnbaum, MPH
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Dr. Soulsby responds to Dr. Birnbaum's letter:

This letter is in response to some concern about two of the references listed at the end of the article appearing in the April 1986 edition of *Infection Control* titled "Brief Report: The Antiseptic Efficacy of Chlorxylenol-Containing vs. Chlorhexidine-Containing Surgical Scrub Preparations." Indeed, the wrong referenced article by Aly et al (#16) was included in the list of references. The correct article is:

16. Aly R, Maibach HL: Effect of antimicrobial soap containing chlorhexidine on the microbial flora of the skin. *Appl Environ Microbiol* 1976; 31(6):931-935.

Furthermore, readers are directed to the following article for a more direct description of the rebound growth of *Staphylococcus albus* at the incision site during the initial 15 to 20 minutes following application of a polyvinylpyrrolidone-iodine containing surgical scrub preparation.

3. Crowder HV, Welsh JS, Bornside GH, Cohn I: Bacterial comparison of hexachlorophene and polyvinylpyrrolidone-iodine surgical scrub soaps. *Am Surg* 33(11):906-911, 1967.

Thank you for the opportunity to reply to these concerns.

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for Medical Science
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Does Irrigation Prevent Catheter-Associated UTI?

To the Editor:

Our hospital has recently had several patients admitted requiring urinary catheter irrigation. We use the three-way closed system of irrigation. Our irrigation solution is usually Neosporin, one amp to 1000 ml of normal saline. We also infuse this solution via an IV pump. The question has arisen of how often the infusion tubing should be changed. The solution is changed every 24 hours. Any information you may have pertaining to this problem will be appreciated.

Jane Goeringer, ICN
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Dr. Garibaldi responds to Ms. Goeringer's letter:

Relatively few practices in infection control have been scrutinized by well-designed clinical trials. However, the issue of bladder irrigation for catheterized patients is one of the few topics that has been evaluated in a well-designed, prospective, controlled study.[1]

Investigators in Boston showed that continuous bladder irrigation with a neomycin-polymyxin solution administered via a three-way catheter did not prevent catheter-associated urinary tract infection. The overall rates and

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