

LETTERS

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Sterile instruments for minor operations in general practice

Sir,
We believe there is increased interest among general practitioners in performing minor operations, possibly because of contractual changes. Sterile surgical instruments are required and practices may have bought, or be considering the purchase of, a portable steam sterilizer. Nothing less than genuine sterility is acceptable for instruments being used in a high risk situation, that is being introduced into any sterile body area, or in close contact with a break in the skin or mucous membrane. We therefore believe in these days of increasing public concern regarding the risk of iatrogenic infection by the human immunodeficiency virus and the hepatitis B virus, that it is important that general practitioners can demonstrate that adequate procedures have been followed.

We were concerned that purchasers of portable steam sterilizers might not appreciate the limitations of performance of these appliances, or the complexity of maintenance and record keeping which is mandatory to provide, not only good results, but also evidence of good practice generally, and in individual cases. We therefore sent a short questionnaire to the 208 general practitioners in the Fife health board area, to which 138 replied (66.3% response rate).

Of the 138 respondents 127 used sterile surgical instruments, and of these users, 106 (83.5%) had access to a portable steam sterilizer. Of these 106 respondents, 35 used a machine owned and maintained in a health centre by Fife health board and 71 users had a portable steam sterilizer owned and maintained by the practice. Of the remaining 21 respondents who used sterile instruments, 11 had an *ad hoc* arrangement to receive instruments from the central sterile supply department in their area and 10 applied methods which we regard as unsatisfactory: hot air, boiling water, a pressure cooker, or chemical disinfection.

Of the 71 respondents who owned a steam sterilizer 21 reported that they were insured against explosive accident, suggesting that 50 were not. Presumably all practices had employer liability insurance, but it is doubtful whether this would cover an explosive accident involving the steam sterilizer unless the instrument was mentioned in the policy, and had undergone regular inspection by an engineer from the insurance company.¹ None of those using a portable steam sterilizer appeared to keep an adequate logbook of regular performance checks, or to note the cycle number on the patient's record card for cross reference. Perhaps even more disturbing is the finding that 21 of the 106 users (19.8%) processed wrapped instruments, which directly contravenes recommendations.¹

The purchasing, commissioning, and use, including maintenance and accurate record keeping, of a portable steam sterilizer requires a considerable capital outlay, a thorough understanding of the principles involved, and considerable tenacity. We believe that general practitioners should be able to avoid this commitment by obtaining sterile packs from the central sterile supply department in their area, at a reasonable charge. Regrettably, this is easier to say than to arrange. We are currently pursuing the possibility of establishing a sterile tray service for general practitioners in our area.

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Reference

1. Anonymous. *Health equipment information 196. A further evaluation of transportable steam sterilisers for unwrapped instruments and utensils*. London: HMSO, 1990.

Side effects of influenza vaccination

Sir,
We previously reported on the nature and frequency of side effects from the influenza vaccine among our patients in the 1990 influenza vaccination programme.¹ The questionnaire was repeated for the 1991 programme and a total of 150 questionnaires were sent out.

Of the 82 patients receiving the influenza vaccine who replied to the questionnaire (55% response rate), 55 (67%) reported no side effects. Seven patients indicated that symptoms lasted for less than 24 hours, four for between one and three days, and two patients indicated that symptoms lasted for more than three days. The remaining 14 patients reporting side effects did not indicate how long their symptoms lasted. The symptoms reported included pain and swelling at the injection site (27 patients), headache (six patients), feeling 'achy' (five patients) and vomiting (one patient). One patient reported a recurrence of his gout. No patients reported a high temperature. Patients were asked if they subsequently developed influenza despite having had the vaccination; 75.6% of patients reported that they did not.

In both 1990 and 1991 approximately two thirds of patients reported no side effects. Of those who did, the majority of side effects were short lived and shorter than the duration of clinical influenza. Once again local reaction at the site of injection was the main complaint. It would be interesting to know how many patients would report a local reaction following an injection of placebo. The recurrence of gout has been noticed by Young;² it would appear that there may be an association in certain patients.

Ashton comments that 'patients' previous experience with the vaccine is a noticeable hindrance to good uptake rate.³ There are at present little data on this problem.⁴ As general practitioners are giving this vaccine to so many people,