

Good afternoon etc intro self

Annabelle Armitage, physiotherapist, here to talk to you about my antibiotic experience.

I fractured my tibia in 2005 in a riding accident, subsequent surgery to initially heal the fracture failed and I was left with a non union ie broken leg. In 2007 my care was transferred to Leeds General Infirmary, where I had my first Ilizarov frame fitted for a four month period. It was at this stage that I first encountered infections, as the frame which is externally fitted leaves you with 16 open wounds. I was given education on wound care but not prepared for cellulitis, which came as a shock the first time as your leg and foot swell, skin goes very shiny and pus starts to seep out of the leg – this was treated with flucloxacillin successfully. A series of small infections around the pin sites continued but were managed well with intermittent bouts of antibiotic.

One of the main complications of bone healing is infection and in 2008 I had a second frame fitted as the first had not worked. Repeated pin site infections followed, and was managed with a combination of flucloxacillin ( consultant recommended) and clarithromycin ( GP recommended) There was some uncertainty about dosage, length of time and type of antibiotic required. These seemed to keep the infections at bay over the 6 months the frame was in situ.

In roughly 2010 my care was triaged to a specialist regional trauma centre at the Northern General Hospital in Sheffield. At this juncture I had nothing on my leg ( treatment wise) but where I had the non union, I had developed a sinus tract, which would start to weep pus intermittently. At around this time my GP put me on a repeat dose of antibiotics. I always kept a spare course of antibiotics at home, would not go on holiday without them as these infections could come on anywhere at any time. Again I would switch between the two antibiotics prescribed.

A third frame was subsequently fitted and managed as previously, a separate complication involving an aneurysm terminated the effectiveness of this, and further surgery was required to sort out that issue.

Again I continued to have intermittent flare ups of infection roughly every 3 months, and I managed the situation with repeat antibiotics over the next 2 years, however, I had started to notice the courses had to be longer and always double doses.

In 2013 I started to make plans for further surgery, I visited various surgeons, two of whom suggested

amputation, but my Sheffield surgeon and his team felt that plastic surgery to repair the skin which had been broken down by the repeated infections from the sinus tract, followed by a further frame would be the best way forward. They likened this to plastering a wall before you painted it!

I was booked in for the skin graft, and after a 12 hour operation was lying in recovery when I started to feel unwell, temperature/hallucinations/ extreme pain – I had develop an acute infection in my donor leg and subsequent sepsis, I was rushed back into theatre, had a vacpac ( drain inserted on my right thigh) and IV antibiotics to quell the infection.

As a side story I managed to break by L femur hunting that winter, and when admitted to the James Cook Hospital was found to be a MRSA carrier ( not in the wound but found in a swab of my nose). This was routinely treated with bacterial washes and I have not tested positive since.

A final frame was fitted in 2016, all went well with this, and finally the fracture was uniting, however, the final hurdle was not yet jumped. Having had a relatively infection free frame, I developed one, used my normal dose which damped it down but did not stop it so I

remained on them for a prolonged period. The GP used a different drug company and I got a new batch from them within 24 hours I developed Hives and a rash throughout my body. I was switched back to Clarithromycin, the infection worsened over the following 12 hours, I went to the out of hours doctor at Malton hospital on the Saturday, who tried a different strain of penicillin this failed to work – I was driven to Sheffield first thing on Monday to see the orthopaedic team, my surgeon was away, and the F1 who saw me, tried to fob me off with oral antibiotics. Having learnt to manage my infections fairly well over the past 10 years, I had to be quite insistent I was given IV – a 5 day course ensued and things settled. I remained on antibiotics until frame removal mid February.

Without antibiotics I would not have a leg today, my fear throughout this journey was to become fully resistant to them, with the likely outcome being amputation. Through my background I was able to make a reasoned decision on my health care, I have only recently discovered ANTRUK, but would have benefited from having an outside opinion on the best way forward during those 12 years – especially in the early days.

What Antibiotic Research UK is doing re research, raising the profile of antibiotic resistance, and to introduce

patient support and information officer; is a great vision for the future, and I realise the importance of supporting them with their ongoing work.