



Clostridium Difficile (C-DIFF)

What is Clostridium Difficile (C-DIFF)

Clostridium Difficile is a **spore forming bacterium** which presents as one of the normal bacteria in the gut of up to 3% of healthy adults. Clostridium Difficile **can cause illness** when certain **antibiotics disturb** the balance of "normal" **bacteria** in the gut. Its effects can range from:

- nothing in some cases
- diarrhoea of varying severity
- severe inflammation of the bowel

Other symptoms may include:

- fever
- loss of appetite
- nausea, and
- abdominal tenderness

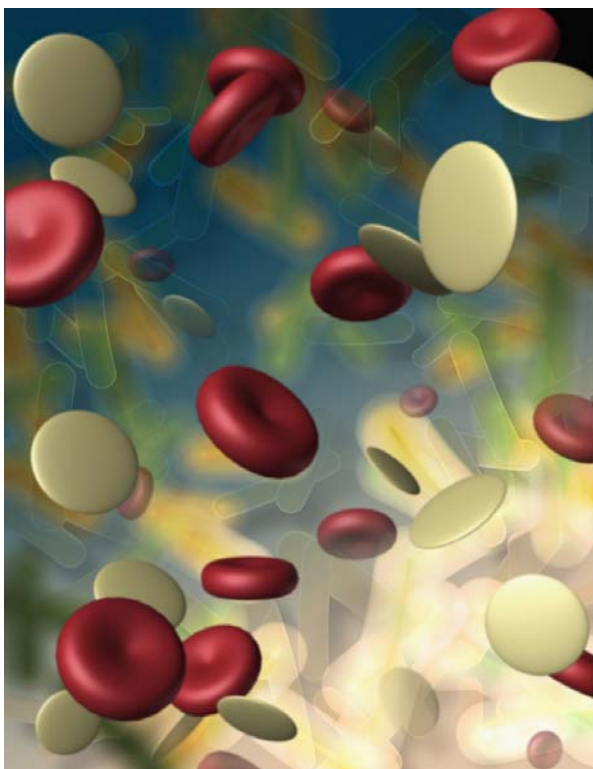
In a **small** number of **cases**, patients have **died** from complicating factors arising from Clostridium Difficile infection.

How does it spread?

- From **person to person** because those suffering from Clostridium Difficile associated disease, shed spores in their faeces
- **Spores** can **survive** for a **very long time** in the environment and **transport** themselves via the **hands** of healthcare personnel who have direct contact with infected patients or with environmental surfaces (floors, bedpans, toilets etc) contaminated with Clostridium Difficile infection
- **80%** of cases fall into the **over 65 age group** as they are most at **risk** to contract the infection
- People can **carry the disease**, however, only those **hospitalised** or on **antibiotics** can **become ill**. In order to reduce the chance of spreading the infection to others it is advisable to:
 - **wash your hands** with soap and water, especially after using the bathroom and before eating
 - **clean regularly** with household detergent/disinfectors bathroom and kitchen surfaces

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Unfortunately, **patients with diarrhoea**, especially if **severe** or **accompanied by incontinence**, may **unintentionally spread the infection** to other patients, which may lead to **outbreaks** of Clostridium Difficile in **hospitals**.



How is it treated?

Two types of antibiotics provide treatment for Clostridium Difficile:

- Metronidazole, and
- Vancomycin

20-30% of patients may suffer a **relapse**, hence other treatments include:

- pro-biotic (good bacteria) treatments, with the aim of re-establishing the balance of flora in the gut

Most **cases** of Clostridium Difficile diarrhoea make a **full recovery**. However, **elderly patients** with other **underlying conditions** may have a more **severe course**. Infection in these circumstances may cause a patient's death.

Can I make a claim?

Anyone **affected** by **Clostridium Difficile** has the potential to **claim compensation** from the Health Authority or Hospital Trust responsible for the provision of medical services at the hospital concerned.

Claimants who have contracted **MRSA** (another hospital acquired infection) have had **some success** in **bringing claims** under the Control of Substances Hazardous to Health Regulations (COSHH) and there is no reason why these Regulations should not apply to C-diff cases.

If the patient can **prove** the **hospital has failed** to follow its **infection control policies** and that this has **resulted** in a patient **contracting Clostridium Difficile**, a hospital may incur **liability** for any injury caused to the patient as a result.

Clostridium Difficile cases often **go further** than simply whether or not a patient contracted the infection as a consequence of negligence on the part of the Hospital Trust in the first place. There might, for instance:

- a negligent **delay in diagnosis** of an infected patient resulting in a delay in giving the patient the treatment which they needed.
- a patient's **management after diagnosis**, eg did they receive the right antibiotics and the correct treatment course?

Compensation claims include:

- pain and suffering
- loss of past and future earnings
- cost of care and assistance
- prescription charges and medical fees
- travelling expenses
- out of pocket expenses



Time limits

Strict time limits apply for making claims so you should not delay in seeking professional advice.

- Statutory limitation **period of 3 years** – running either from the **date** of the **incident** or from the **“date of knowledge”**
 - If the date of knowledge is unidentifiable, assume that the 3 year period runs from the date of the incident

Please ensure you **instruct a solicitor** well **before** the **end** of the **3 year** period to allow them sufficient time to carry out the preliminary investigation and to prepare your case ready to issue legal proceedings.

If a **loved one** has **died** from **complicating factors** arising from **Clostridium Difficile infection** close relatives must bring a claim (and

Court proceedings issued) **within 3 years** of the **date** of that person’s **death**.

Our track record

- Simpson Millar LLP are the **UK’s leading medical negligence solicitors** representing clients and give pride to the highest levels of service
- Our specialist Medical Negligence team has **recovered millions** of pounds in compensation for victims of medical negligence
- We will **listen** to you **carefully and sympathetically** and provide you with the very **best legal advice**

Costs

Funding the claim:

- Free consultation
- Legal Aid
- Legal expenses insurance, and
- more often than not on a “no win no fee” basis

We have a **Legal Aid Franchise** and can make an **immediate application** for Legal Aid (subject to financial eligibility).

This guide contains information on current legal issues applicable at the time of printing. Note there may have been changes subsequently which have not been incorporated in to the material. This guide is intended for information purposes only and its content should not be applied to any particular set of facts or relied upon without legal or other professional advice. For further information on how we can help you please contact:

Peter Stefanovic
Partner
Tel: 0844 858 3400
Helpline: 0800 195 8464
Email: peter.stefanovic@simpsonmillar.co.uk