Hubungan Penggunaan Antibiotika Profilaksis dengan Kejadian Infeksi Luka Operasi di Ruang Rawat Bedah IRNA A Rumah Sakit Dr. Cipto Mangunkusumo Jakarta Tahun 2005

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Abstrak

Surgical site infections are the second most frequent nosocomial infection after catheter infection. They are associated with increase morbidity and mortality, iength of stay in hospital and cost of care. Antibiotic prophylaxis use is addressed to reduce incidence of surgical site infection. The aim of this research was to find out the pattern of antibiotic prophylaxis use; incidence of surgical site infection; association between antibiotic prophylaxis use and incidence of surgical site infection; and other factors that influence the incidence of surgical site infection. This research was carried out in Dr. Cipto Mangunkusumo Hospital Jakarta and it was a retrospective study with cross-sectional design. A total of 220 samples had been taken proportional randomly according to the type of surgery division from 1,841 medical records in 2005. The result showed that the most antibiotic prophylaxis frequently used was cephalosporin (first and third generation). followed by phosphomycin and metronidazole. Most of the patients were given antibiotic prophylaxis in inappropriate time and the duration of use was more than one day. This study found that the incidence of surgical site infection was 8.6% with the highest percentage occurred at orthopedic surgery (23.3%). Statistically, there was no relationship of class. Timing and duration of antibiotic prophylaxis use with incidence of surgical site infection. Adherence of antibiotic prophylaxis use to hospital guideline was not influenced the incidence of surgical site infection. Multivariate analysis with logistic regression analysis showed that the incidence of surgical site infection were influenced by the type of surgery (OR=2.6) and the use of antibiotics during hospitalization prior to surgery (OR=3.2). The conclusion of this research were the incidence of surgical site infection relatively high and class. timing, duration and adherence to hospital guideline of antibiotic prophylaxis use did not influence it. The wound contaminated and the use antibiotics during hospitalization prior to surgery were risk factors for surgical site infection. It was recommended that the hospital management revise the currently used surgical antibiotic prophylaxis guideline which is no longer relevant to the current situation.