

ABSTRACT

**STUDY OF ANTIBIOTIC USE AND QUALITATIVE
EVALUATION IN CLEAN CONTAMINATED
SURGERY PATIENTS**

**(Study at Bhayangkara H. Samsuero Mertojoso Hospital,
Surabaya)**

Wildhani Alfianna

Clean-contaminated surgery is a surgical procedure which is performed on the digestive tract, biliary tract, urinary tract and respiration, also reproduction except the ovaries or surgery without gross spillage. The potential for infection in this type of surgery is around 3-11%. To anticipate the infection, antibiotics can be given to patients before incision or when other signs of infection are found. However, inappropriate use of antibiotics today tends to be the cause of health problems. Thus, health problems that occur are antibiotic resistance. From the surveillance results data from Dr. Soetomo Hospital in 2016, there was an increase in ESBL resistance up to 60%. Therefore, research is needed to determine the pattern of antibiotic use and the qualitative evaluation of the *Gyssens* method in surgical patients. The *Gyssens* method is suggested by the Indonesia's Ministry of Health which all aspects of prescribing will be assessed. This study is a retrospective observational study on clean-contaminated surgical patients at Bhayangkara Hospital, H. Samsuero Mertojoso, Surabaya, period 1 January - 31 December 2018.

The results showed that there were 55 patients who had clean-contaminated surgery and had received antibiotics where they were 22 for antibiotic prophylaxis and 50 for antibiotic empirical therapy. The pattern of the use of prophylactic antibiotics that are widely used in all types of surgery is ceftriaxone 1 gram intravenously. Likewise with antibiotic therapy, ceftriaxone 2x1g (IV) is an antibiotic and the most prescribed regimentation. While the results of the study on evaluation using the *Gyssens* method showed 6.9% of antibiotic data on medical records was incomplete (category VI), 6.9% of non-indicated antibiotics (category V), 48.6% of which have other alternative antibiotics (category IV), 22.2% giving antibiotics too long/ short (category III), 5.6% administering antibiotics incorrect dosage/ route/ interval (category II), 9.8% administration antibiotics are rational (category 0).

Keywords: *Gyssens* Method, Antibiotics, Clean-contaminated surgery