

## ABSTRAK

**Latar belakang:** Apendisitis akut adalah sebuah kondisi emergensi inflamasi akut pada apendiks vermiformis dengan insidensi tertinggi tipe sederhana pada anak-anak. Apendektomi merupakan terapi definitif dan administrasi antibiotik profilaksis pre operasi sangat direkomendasikan. Penggunaan antibiotik profilaksis dapat menurunkan kejadian infeksi luka operasi (ILO) apabila digunakan secara tepat.

**Tujuan:** Mengevaluasi ketidaktepatan penggunaan antibiotik profilaksis berdasarkan alur Gyssens, PPK ASHP 2013, mencari hubungan ketidaktepatan penggunaan antibiotik profilaksis dengan insidensi ILO, dan mengetahui apakah terdapat misinformasi tenaga medis terkait antibiotik profilaksis.

**Metode:** Studi *cross sectional* dan deskriptif digunakan pada penelitian ini dengan rekam medis 96 pasien anak usia <18 tahun terdiagnosis apendisitis akut sederhana menjalani apendektomi dan mendapatkan antibiotik profilaksis di RSA UGM tahun 2015-2020. Sebanyak 13 responden klinisi RSA UGM diuji tingkat pengetahuan terhadap antibiotik profilaksisnya dengan metode kuesioner.

**Hasil:** Diperoleh 96 pasien (100%) tidak tepat pilihan jenis antibiotik, 70 pasien (72,91%) tidak tepat pemberian durasi, 96 pasien (100%) tepat rute administrasi, 21 pasien (36,20%) lebih dosis dan 7 pasien (12,06%) kurang dosis ceftriaxone, 24 pasien (63,15%) lebih dosis cefotaxime, 6 pasien (100%) lebih dosis metronidazol, 3 pasien (100%) lebih dosis ampicillin, dan 1 pasien (100%) lebih dosis levofloxacin. Ada 8 pasien dijumpai ILO superfisial. Terdapat korelasi signifikan ketidaktepatan pemilihan jenis antibiotik profilaksis dengan insidensi ILO ( $P < 0,05$ ). Selain itu, masih didapati misinformasi antibiotik profilaksis pada kalangan klinisi RSA UGM.

**Kesimpulan:** Penggunaan antibiotik profilaksis dijumpai ketidaksesuaian dengan ASHP 2013. Ketidaktepatan pemilihan jenis antibiotik secara signifikan berhubungan dengan kejadian ILO. Adanya misinformasi antibiotik profilaksis pada klinisi memerlukan penyamaan persepsi untuk kedepannya.

**Kata kunci:** Antibiotik Profilaksis, Apendektomi, Apendisitis Akut Sederhana, Infeksi Luka Operasi

## **ABSTRACT**

*Background: Acute appendicitis is an acute inflammatory emergency condition in the vermiform appendix with the highest incidence of simple type in children. Appendectomy is the definitive treatment and preoperative prophylactic antibiotics administration is strongly recommended. The use of prophylactic antibiotics can reduce the incidence of surgical site infection (SSI) if used properly.*

*Objectives: To evaluate the unappropriateness of the antibiotic prophylaxis usage based on the Gyssens pathway, ASHP 2013, to determine the relationship between the accuracy of antibiotic prophylaxis usage and the incidence of SSI, and to find out if there is misinformation from medical personnel regarding prophylactic antibiotics.*

*Methods: A cross-sectional and descriptive study was used in this study with medical record of 96 pediatric patients aged <18 years diagnosed with simple acute appendicitis who underwent appendectomy and received prophylactic antibiotics at the RSA UGM between 2015-2020. Total 13 respondents were tested for their knowledge about prophylactic antibiotics using the questionnaire method.*

*Results: 96 patients (100%) did not receive the right type of antibiotic, 70 patients (72,91%) did not receive the right duration, 96 patients (100%) had the right route of administration, 21 patients (36.20%) overdosed and 7 patients (12.06%) underdosed of ceftriaxone, 24 patients (63.15%) overdosed of cefotaxime, 6 patients (100%) overdosed of metronidazole, 3 patients (100%) overdosed of ampicillin, and 1 patient (100%) overdosed of levofloxacin. Found 8 patients with superficial SSI. There was a significant correlation between the inaccuracy of prophylactic antibiotics choice with the incidence of SSI ( $P < 0.05$ ). In addition, misinformation about antibiotic prophylaxis among clinicians of RSA UGM were found.*

*Conclusion: The use of antibiotic prophylaxis was found to be incompatible with ASHP 2013. The inaccuracy choice of antibiotic prophylactic type is significantly related to the SSI incidence. The existence of misinformation on prophylactic antibiotics in clinicians requires a common perception in the future.*

*Keywords: Prophylactic antibiotics, appendectomy, simple acute appendicitis, surgical site infection*