ABSTRAK

Faktor Risiko, Pola Bakteri, dan Kepekaan Antibiotik pada Pasien Bedah Digestif dengan Sepsis di RSUP Dr. Sardjito Yogyakarta

Latar Belakang: Sepsis pasca bedah digestif merupakan komplikasi berat dengan mortalitas tinggi. Informasi lokal mengenai faktor risiko, pola bakteri dan kepekaan antibiotik penting untuk menyusun strategi pencegahan dan tata laksana. Penelitian ini bertujuan menganalisis hubungan faktor klinis dengan luaran serta menggambarkan pola bakteri dan kepekaan antibiotik pada pasien bedah digestif dengan sepsis di RSUP Dr. Sardjito Yogyakarta.

Metode: Penelitian observasional analitik ini menggunakan data rekam medis pasien dewasa dengan sepsis pasca bedah digestif periode 1 Januari 2020–30 Juni 2025. Sebanyak 117 pasien dianalisis. Data klinis, karakteristik pembedahan, hasil kultur dan uji kepekaan diolah secara deskriptif, sedangkan hubungan faktor klinis dengan luaran hidup atau meninggal diuji secara bivariat.

Hasil: Dari 117 pasien, 55 (47,0%) hidup dan 62 (53,0%) meninggal. Usia, jenis kelamin, indeks massa tubuh, komorbiditas, jenis dan durasi operasi, penggunaan drain, serta reoperasi tidak berhubungan bermakna dengan luaran, sedangkan lama perawatan >5 hari berhubungan dengan luaran hidup (p = 0,026). Isolat didominasi bakteri Gram negatif (80,3%), terutama *Escherichia coli* (43,6%), *Klebsiella pneumoniae* (12,8%) dan *Acinetobacter baumannii* (12,0%). Kepekaan tertinggi patogen Gram negatif terletak pada amikacin dan karbapenem, sedangkan sefalosporin generasi ketiga dan fluoroquinolon menunjukkan resistensi tinggi.

Kesimpulan: Lama perawatan merupakan satu-satunya faktor yang berhubungan bermakna dengan luaran. Dominasi bakteri enterik dan tingginya resistensi terhadap sefalosporin serta fluoroquinolon menggambarkan perlunya pemilihan antibiotik empiris berbasis data lokal dan penguatan program penggunaan antibiotik rasional.

Kata kunci: sepsis, bedah digestif, pola bakteri, faktor klinis, kepekaan antibiotik.

ABSTRACT

Risk Factors, Bacterial Patterns, and Antibiotic Susceptibility among Digestive Surgery Patients with Sepsis at Dr. Sardjito General Hospital, Yogyakarta

Background: Post–digestive surgery sepsis is a severe complication associated with high hospital mortality. Local data on clinical risk factors, causative bacteria, and antibiotic susceptibility are essential to guide prevention and management. This study aimed to analyze the association between clinical factors and outcomes, and to describe bacterial patterns and antibiotic susceptibility among digestive surgery patients with sepsis at Dr. Sardjito General Hospital, Yogyakarta.

Methods: This observational analytic study included adult patients who developed sepsis after digestive surgery between 1 January 2020 and 30 June 2025. A total of 117 patients were analyzed. Demographic, clinical, surgical, culture, and susceptibility data were summarized descriptively. Associations between clinical factors and in-hospital outcome (survived or died) were assessed using bivariate analysis.

Results: Of 117 patients, 55 (47.0%) survived and 62 (53.0%) died. Age, sex, body mass index, comorbidities, type and duration of surgery, drain use, and reoperation showed no significant association with outcome, whereas longer length of stay (>5 days) was significantly associated with survival ($p = 0.026$). Gram-negative bacteria accounted for 80.3% of isolates, predominantly *Escherichia coli* (43.6%), followed by *Klebsiella pneumoniae* (12.8%) and *Acinetobacter baumannii* (12.0%). Gram-negative pathogens showed highest susceptibility to amikacin and carbapenems, while resistance to third-generation cephalosporins and fluoroquinolones was high.

Conclusion: Length of stay was the only clinical factor significantly associated with outcome in postoperative digestive sepsis. The predominance of multidrug-resistant Gram-negative pathogens underscores the need for empiric antibiotic selection based on local susceptibility data and reinforcement of antimicrobial stewardship in digestive surgery patients with sepsis.

Keywords: sepsis, digestive surgery, bacterial pattern, clinical factors, antibiotic susceptibility.