

INTISARI

Infeksi nosokomial merupakan penyebab utama tingginya angka kematian dan kesakitan di dunia. Menurut WHO, infeksi luka operasi merupakan jenis infeksi nosokomial kedua terbanyak setelah infeksi saluran kemih. Infeksi Luka Operasi merupakan komplikasi pasca bedah obstetri dan ginekologi, 8-10% dari pasien bedah obstetri dan ginekologi beresiko mengalami infeksi luka operasi.

Rancangan penelitian ini adalah *cohort* analitik deskriptif untuk mengetahui gambaran rasionalitas antibiotika profilaksis bedah, gambaran kejadian infeksi luka operasi, pengaruh rasionalitas antibiotik profilaksis bedah terhadap kejadian infeksi luka operasi dan menganalisis faktor risiko yang berpengaruh terhadap kejadian ILO pada pasien bedah obstetri dan ginekologi di RSUP Dr.Sardjito. Data diambil secara prospektif observasional, yaitu dengan melakukan observasi pada pasien bedah obstetri dan ginekologi yang menjalani prosedur pembedahan dan mendapatkan antibiotik profilaksis selama periode Maret-April 2019 . Rasionalitas pemberian antibiotik profilaksis dievaluasi kesesuaiannya dengan Pedoman Umum Penggunaan Antibiotik (2011) dan PPAB RSUP Dr. Sardjito tahun 2017. Luaran klinik berupa kejadian ILO diamati secara periodik hingga hari ke-30 setelah operasi. Hubungan rasionalitas antibiotik dengan kejadian ILO dianalisis dengan uji statistika *pearson chi square*. Hubungan faktor risiko terhadap kejadian ILO dianalisis dengan analisis multivariat.

Pada penelitian ini kejadian infeksi luka operasi terjadi pada 14 subjek penelitian dari total 72 subjek penelitian (19 %). Hasil analisis univariat diperoleh bahwa faktor yang mempunyai hubungan bermakna terhadap kejadian ILO adalah BMI dimana dari 14 kejadian ILO 50% dialami oleh pasien dengan BMI \geq 30 dengan *p-value* 0,016. Tidak ada perbedaan yang bermakna antara kelompok usia 18-59 tahun dengan kelompok usia 60 tahun keatas terhadap kejadian infeksi luka operasi. Demikian juga waktu pemberian antibiotik, skor ASA, riwayat merokok, kadar albumin pre operasi, lama perawatan pre operasi, lama operasi, kelas operasi dan volume perdarahan tidak ada perbedaan bermakna dengan kejadian infeksi luka operasi (*p value*> 0,05).

Kata kunci: infeksi luka operasi, antibiotik, profilaksis, bedah obstetri dan ginekologi

ABSTRACT

Nosocomial infections are a major cause of high mortality and morbidity in the world. According to WHO, infection with surgical wounds is the second most common type of nosocomial infection after urinary tract infection. Surgical Wound Infection is a complication after obstetric and gynecological surgery, 8-10% of patients with obstetric and gynecological surgery are at risk of developing surgical wound infections.

The design of this study was descriptive analytical cohort to determine the description of surgical prophylactic antibiotics, description of the incidence of surgical wound infections, the influence of the rationality of surgical prophylactic antibiotics on the incidence of surgical wound infections and analyze the risk factors that influence the incidence of ILO in patients with obstetric and gynecological surgery at Dr. RSUP. Sardjito. Data were taken prospectively observational, namely by observing patients with obstetric and gynecology surgery who underwent surgical procedures and received prophylactic antibiotics during the period March-April 2019. The rationality of the administration of prophylactic antibiotics was evaluated for their compatibility with the General Guidelines for the Use of Antibiotics (2011) and the PPAB of RSUP Dr. Sardjito in 2017. Clinical outcomes in the form of ILO events are observed periodically until the 30th day after surgery. The relationship between antibiotic rationality and ILO events was analyzed by the Pearson chi square statistical test. The relationship of risk factors to ILO events was analyzed by multivariate analysis.

In this study the incidence of surgical wound infection occurred in 14 research subjects from a total of 72 research subjects (19%). The results of the univariate analysis showed that the factor that had a significant relationship to the incidence of the ILO was BMI where of the 14 ILO events 50% were experienced by patients with a BMI ≥ 30 with a p-value of 0.016. There was no significant difference between the age group 18-59 years with the age group 60 years and above against the incidence of surgical wound infection. Likewise, the time of administration of antibiotics, ASA score, smoking history, preoperative albumin level, duration of preoperative care, length of operation, grade of surgery and volume of bleeding there were no significant differences with the incidence of surgical wound infection (p value > 0.05).

Keywords: wound infections, antibiotic prophylaxis, surgical obstetrics and gynecology