

INTISARI

Infeksi Luka Operasi (ILO) merupakan salah satu infeksi terkait layanan kesehatan yang menyebabkan morbiditas pasca operasi. ILO merupakan tipe *Health Care Associated Infection* (HAI) yang banyak dilaporkan terjadi di negara berkembang dengan insidensi gabungan sebesar 11,8 kejadian dari 100 prosedur operasi. Penelitian ini bertujuan untuk mengetahui rasionalitas penggunaan antibiotik profilaksis berdasarkan metode *gyssens* dan mengidentifikasi faktor risiko dari ILO pada pasien yang menjalani bedah obstetri dan ginekologi di RSUP Dr. Sardjito Yogyakarta. Pengumpulan data dilakukan secara retrospektif menggunakan rekam medis pasien selama periode 1 Januari 2017-31 Desember 2018. Sebanyak total 102 pasien menjalani prosedur bedah obstetri dan ginekologi pada periode penelitian.

Insidensi dari ILO pada penelitian *cross sectional* ini adalah 9,80%. Bedah obstetri memiliki insidensi ILO lebih rendah dibandingkan bedah ginekologi (1,96% *versus* 7,84%). Terdapat hubungan yang signifikan antara rasionalitas penggunaan antibiotik profilaksis dengan kejadian ILO pada bedah obstetri dan ginekologi dengan nilai $P=0,036$ (CI 95% 1,147-16,963). Faktor risiko dari ILO yang teridentifikasi dengan analisis bivariat adalah komorbiditas ($P= 0,03$), prosedur operasi bersamaan (OR 8,25), *intraoperative blood loss* (OR 0,51), transfusi darah perioperatif (OR 18,6), dan durasi pemberian antibiotik profilaksis (OR 3,63).

Hasil analisis multivariat menunjukkan terdapat hubungan yang bermakna antara *intraoperative blood loss* dengan ILO (OR 0,038, CI 95% 0,002-0,761; $P=0,032$). Beberapa faktor risiko yang teridentifikasi pada penelitian ini dapat membantu stratifikasi risiko ILO di rumah sakit.

Key words : profilaksis, infeksi luka operasi, faktor risiko

ABSTRACT

Surgical Site Infection (SSI) is one of the infections related to health services which caused postoperative morbidity. SSI is a type of *Healthcare-associated Infection* (HAIs) which is widely reported in developing countries with a pooled incidence of 11.8 episodes per 100 surgical procedures. This study aimed to determine the rationality of prophylactic antibiotics used based on the gyssens classification and identify risk factors for SSI in patients undergoing obstetric and gynecological surgeries at Dr. Sardjito General Hospital Yogyakarta. Data collection was conducted retrospectively using the patient's medical record for the period of January 1, 2017 to December 31, 2018. A total of 102 patients underwent obstetric and gynecological surgeries in the study period.

The incidence of SSI in this cross sectional study was 9.80%. Obstetric surgeries had a lower SSI incidence compared to gynecological surgeries (1.96% versus 7.84%, respectively). There was a significant relationship between the rationality of the prophylactic antibiotics used and SSI in obstetric and gynecological surgeries with a P value = 0.036 (95% CI 1.147-16,963). The risk factors for SSI identified in the bivariate analysis were comorbidity (P= 0.03), concomitant surgery (OR 8.25), intraoperative blood loss (OR 0,51), perioperative blood transfusion (OR 18,6), and duration of prophylactic antibiotics (OR 1.22).

The results of multivariate analysis showed a significant relationship between intraoperative blood loss and SSI (OR 0,038, CI 95% 0,002-0,761; P=0,032). Some of the risk factors identified in this study can be helpful for SSI risk stratification in hospital.

Keyword: prophylactic, surgical site infections, risk factors