

OP 12 - Surgical antibiotic prophylaxis: point prevalence study on adherence to guidelines

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Introduction: Surgical antibiotic prophylaxis (SAP) reduces surgical site infections (SSI). The 2016 WHO recommendations and a Lancet systematic review this year re-affirm that postoperative continuation of SAP does not reduce SSI rates when best practice is followed. Prolonged antibiotic use results in antimicrobial resistance (AMR), adverse effects and financial losses. This study assessed adherence of general surgical units in a tertiary hospital to recommendations on SAP.

Methods: A point-prevalence study was performed on two consecutive days. Patients who had clean and clean-contaminated surgery were included. Data was obtained from general surgical operating theatres and the corresponding wards after 24 hours. Patients were categorized into two groups based on WHO guidelines: SAP indicated (group A) or not indicated (group B).

Results: 56 patients with a mean age of 51.52 (26-75) years and male: female ratio of 1:1.94 were included. Group A and B consisted of 62.5% (n=35) and 37.5%, (n=21) respectively. In group A, SAP was continued postoperatively in 80% (n=28), while 45.7% (n=16) had oral antibiotics prescribed on discharge for a mean of 6.25 (5-7) days. The recommended antibiotic was administered at induction in 52.9% (n=18). In group B, SAP was administered at induction in 19.04% (n=4) and continued postoperatively in 47.61% (n=10) while oral antibiotics were prescribed on discharge in 23.8% (n=5).

Conclusions: Considerable deviation from prescribed recommendations on SAP was observed. However, this study did not assess adherence to best practice during intraoperative antibiotic administration. Institutional antimicrobial stewardship and surveillance is recommended to minimise adverse consequences of inappropriate antibiotic usage.

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