Infectious diseases, vaccines and treatments

Session: Poster Session A

(237) Assessment of Surgical Antibiotic Prophyl[Ask] ppropriateness in Obstetrics and Gynaecological Surgery in Kuwait: A National Point Prevalence Survey

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Location: Convention Hall II

Presenting Author(s)

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Background: Surgical site infections (SSIs) pose a substantial risk of morbidity and healthcare burden in obstetrics and gynaecological (OB/GYN) surgery. Effective surgical antibiotic prophylaxis (SAP) is crucial in reducing the prevalence of SSIs and the emergence of antimicrobial resistance (AMR). Despite evidence-based international guidelines, global adherence to these guidelines remains inadequate. Notably, there is a paucity of research addressing the appropriateness of SAP in OB/GYN procedures, specifically in Kuwait.

Objectives: This study aimed to evaluate the appropriateness of the SAP prescriptions for OB/GYN surgeries in Kuwait.

Methods:

Design: A multi-centre point prevalence survey following the global point prevalence survey (GPPS) protocol. Setting: five public and four selected private hospitals in Kuwait between December 2022 and March 2023 in all. Participants: OB/GYN surgical patients who were prescribed SAP. Data collection: patients' files were reviewed for SAP administration in each OB/GYN ward, with each ward surveyed only once. Outcome measure: The primary outcome was the appropriateness of SAP prescription in terms of timing, selection, dosage, administration route and indication following local hospital protocols. Secondary outcomes included a comparison of SAP prescription appropriateness between public and private hospitals.

Results: A total of 521 antibiotics were prescribed for surgical prophylaxis. Only 30 (5.7%) SAP prescriptions were classified as an overall appropriate prescription. Of the total 5.7% (n=30), the appropriate use of SAP between private and public hospitals was 0.57% (n=3) and 5.13% (n=27), respectively. For individual parameters, compliance levels were as follows: indication 92.9% (n=489), timing 20.9% (n=110), dose 59.3% (n=312), selection 26.6% (n=140), route 76.4% (n=402) and duration 24.3% (n=128).

Conclusions: The study revealed a concerning lack of adherence to local guidelines for SAP in OB/GYN surgery in terms of timing, duration, and selection, particularly in the private sector, where very little adherence was observed. These findings highlight the urgent need for increased surveillance of antibiotic use in surgical prophylaxis and the development of tailored policies and antimicrobial stewardship interventions to restrict the misuse of antibiotics, ultimately improving surgical outcomes and reducing the possibility of AMR.