

Perioperative Antimicrobial Stewardship in a Tertiary Centre in the West of Ireland: An Audit

R Lee, D Burke, N Cribben

Department of Anaesthesiology, Galway University Hospital, Saolta University Healthcare Group



INTRODUCTION

Choice of the correct antimicrobial agent for surgical prophylaxis is critical not only in stemming the rise of antimicrobial resistance, but in ensuring our patients are only exposed to an agent likely to offer them maximal benefit in the face of potential harm from such agents.

As such, the goal of this audit was to assess adherence with local recommendations around routine antimicrobial prophylaxis for patients undergoing surgery at Galway University Hospital (GUH).

REFERENCES

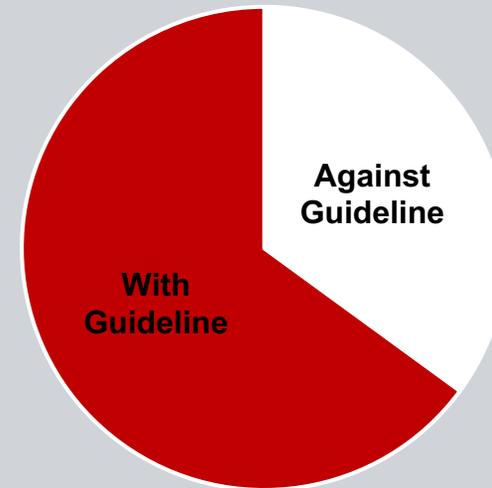
1. Galway University Hospital Antimicrobial Prescribing Policy App (GUH Antimicrobial Prescribing Policy [GAPP] app, 'Antibiotic Prophylaxis in Surgery' section, Updated January 2020; Departments of Microbiology/Infectious Disease/Pharmacy, Galway University Hospital, Saolta University Healthcare Group

METHODS

Paper charts of patients undergoing surgery from 23rd June to 7th July 2020 were audited retrospectively, and compared with the GUH antimicrobial policy app ^[1].

Cases were excluded in the setting of infective issues outside the scope of the routine perioperative prophylaxis guideline, or where insufficient information was available to assess decision-making adequately.

Allergies/Intolerances were also taken into account.



RESULTS

Of 35 cases, 6 were excluded based on parameters set out in 'Methods'.

Of 29 included, 63% were in accordance with GUH guidelines. The predominant culprit antimicrobials were Co-Amoxiclav, Gentamicin, and Cefuroxime.

CONCLUSIONS

The antimicrobial policies app at GUH appears to be serving its purpose with respect routine perioperative prophylaxis.

The strong show of broad-spectrum agents in cases afoul of guidelines is however troubling. It highlights the need for fostering a culture of antimicrobial stewardship, in the interest of patients in future requiring treatment in a 'post-antibiotic era'.

Ultimately this audit serves as a reminder that sensible use of evidence-based resources is our best option in delivering care to patients in the perioperative phase.