The 20% figure of nondiagnostic FNACs. An international survey of practice variation

Heineck et al designed a survey to measure rates of antibiotic prophylaxis in cesarean sections in a university hospital in Thailand, only 82% of 967 patients had received antibiotic prophylaxis.[3] Heineck et al conducted a study to evaluate the use of antibiotic prophylaxis in cesarean sections and hysterectomies in a Brazilian reference school hospital and reported that antibiotic prophylaxis was done for 61% of 587 cesarean sections and 87% of 121 hysterectomies.[3,4] In Saudi Arabia, Mah et al designed a survey to measure rates of incisional surgical site infection after cesarean section and to assess risks for infection. Their results showed that 56% of 735 cesareans received prophylaxis.[5] In an international survey by Huskins et al, which examined the use of antibiotic prophylaxis in 50 consecutive cesarean sections in eight centers in five countries, only four centers administered prophylaxis for all patients.[6]

In this study, we used the American society of health-system Pharmacists Guideline (ASHP) to assess the appropriateness of antibiotic prophylaxis for cesarean and hysterectomy procedures. According to the guideline, all the patients need prophylaxis and 100% of them received antibiotic. Selection of antibiotic was appropriate in none of hysterectomy and 9.2% of cesarean patients but dosage was not correct. Starting time of prophylaxis was guideline-consistent in 31.6 and 31.4% of cesarean and hysterectomy procedures respectively. Duration of prescribing antibiotic in all the patients was inappropriate and longed more than the periods of time recommended by the guideline (with a mean of 7.6 days for cesarean and 7.9 for hysterectomy). The route of administration was correct in 11.8% of cesarean (intravenously) but 0% of hysterectomy patients (intravenous followed by oral route). Total compliance with ASHP guideline was not seen in this study. In our study, antibiotic prophylaxis was carried out for all the subjects. The proportion of treated patients has been lower in other studies. In a hospital-based, cross-sectional study by Liabsuetrakul et al on subjects with cesarean sections in a university hospital in Thailand, only 82% of 967 patients had received antibiotic prophylaxis.[3] The prescribing practice for antibiotic prophylaxis for 3 commonly performed surgeries in a teaching hospital in Brazil. Am J Infect Control 2002;30:341-5.

The prescribing practice for antibiotic prophylaxis for obstetric-gynecologic surgeries in teaching hospitals in Shiraz must be improved to decrease the unnecessary costs for patients and prevent complications of inappropriate use of antibiotics.

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REFERENCES


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