

## **BAB 5**

### **KESIMPULAN DAN SARAN**

#### **5.1 Kesimpulan**

Berdasarkan hasil penelitian yang telah dilakukan pada pasien seksio sesarea yang dirawat di instalasi rawat inap RSUD Kabupaten Sidoarjo periode Januari 2018 hingga Juni 2018, diperoleh beberapa kesimpulan yaitu:

1. Penggunaan antibiotik pada pasien seksio sesarea bersifat profilaksis dan empiris. Antibiotik profilaksis yang paling banyak digunakan adalah sefazolin iv 1x2000 mg 15-30 menit sebelum insisi (92,68%), serta antibiotik empiris tunggal adalah amoksilin per oral 3x500 mg (23,53%) sedangkan antibiotik empiris kombinasi yang paling banyak digunakan adalah amoksilin iv 3x1000 mg dengan gentamisin iv 1x240 mg dan metronidazol iv 3x500 mg (11,76%).
2. Evaluasi penggunaan antibiotik secara kualitatif untuk terapi profilaksis berdasarkan kriteria Gyssens diperoleh 92,68% peresepan antibiotik yang masuk dalam kategori 0 (penggunaan antibiotik tepat), 7,32% termasuk kategori V (terdapat antibiotik lain yang lebih efektif). Untuk terapi empiris diperoleh 28,00% kategori 0 (penggunaan antibiotik yang sudah tepat), 24,00% termasuk kategori IIIb (penggunaan antibiotik tidak tepat karena terlalu singkat), 32,00% termasuk kategori IVa (terdapat pilihan antibiotik lain yang lebih efektif), 16,00% termasuk kategori V (tidak ada indikasi penggunaan antibiotik). Berdasarkan hasil penelitian menunjukkan bahwa sebagian besar penggunaan antibiotik empiris pada pasien seksio sesarea di instalasi rawat inap RSUD Sidoarjo belum rasional.

## **5.2 Saran**

Berdasarkan hasil penelitian yang dilakukan, maka penulis mengusulkan saran sebagai berikut:

1. Perlu dilakukan penelitian yang sama dengan pengambilan sampel secara prospektif agar mendapatkan hasil yang lebih seksama.
2. Perlu dilakukan penelitian lanjutan tentang evaluasi penggunaan antibiotik secara kuantitatif menggunakan metode DDD (*Defined Daily Dose*).
3. Pentingnya dilakukan pemeriksaan laboratorium yang rutin dan intensif untuk mendukung diagnosis sehingga pemberian terapi tepat dan sesuai.
4. Perlu dilakukan pemeriksaan mikrobiologi dan uji sensitivitas pada pasien seksio sesarea yang tidak menunjukkan perbaikan kondisi klinis terhadap antibiotik empiris.

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