

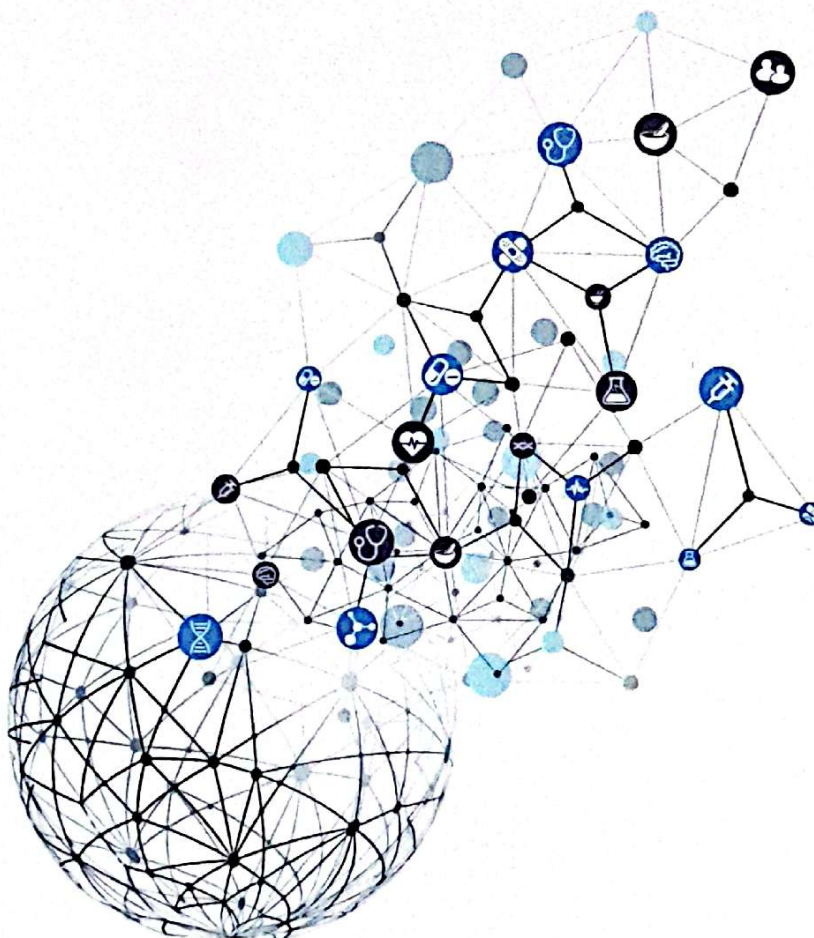


ВТОР СИМПОЗИУМ НА МАКЕДОНСКО ФАРМАЦЕВТСКО ДРУШТВО
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Клиничко-фармацевтски услуги за специфични популации:
Унапредување на педијатриската, геријатриската
и диетотерапевтската грижа

Clinical-Pharmacy Services for Specific Populations:
Advancing Pediatric, Geriatric and Dietotherapy Care

КНИГА НА АПСТРАКТИ ABSTRACT BOOK



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**Клиничко-фармацевтски услуги
за специфични популации:
унапредување на педијатриската,
геријатриската и диетотерапевтската
грижа**

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for Specific Populations:
Advancing Pediatric, Geriatric
and Dietotherapy Care**

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This ABSTRACT BOOK contains abstracts accepted by the Scientific Committee for the presentation at the Symposium: "Clinical-Pharmacy Services for Specific Populations: Advancing Pediatric, Geriatric and Dietotherapy Care". The authors are fully responsible for the contents of their abstracts. All reviewers that were involved in the abstracts revision process are sincerely acknowledged.

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Compliance of clinical practice with guidelines on prophylactic antibiotic use in urologic cancer surgery

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In the era of rising microbial resistance to antibiotic treatment, it is of utmost importance to rationalize antibiotic exposure, especially in the context of prophylaxis. Regarding peri-operative prophylaxis in urologic cancer surgery, several guidelines exist, including those of the European Association of Urology (EAU), American Urological Association (AUA) and the American Society of Health-System Pharmacists (ASHP). The EAU Guideline lists possible antimicrobial options (favoring 2nd/3rd generation cephalosporins and aminopenicillins/beta-lactamase inhibitors) but emphasizes that the specific agent should be chosen based on pathogen prevalence, antibiotic susceptibility and virulence. The European Commission has implemented stringent regulatory conditions on fluoroquinolones, suspending their indication for peri-operative prophylaxis. AUA/ASHP guidelines are more permissive regarding fluoroquinolones, depending on local resistance. All guidelines agree on minimizing antibiotic exposure unless infection is indicated.

This paper presents preliminary data on the compliance of clinical practice in urologic cancer surgery with these guidelines at the PHI University Clinic of Urology in Skopje. Using the official patient database (Venicom software), 31 patients who underwent urological cancer surgeries were identified, including radical prostatectomy, TURP, radical cystectomy, partial/radical nephrectomy and partial/total penile amputation. Data on antimicrobial administration, class and duration for peri-procedural prophylaxis were extracted.

Most used antibiotics were 3rd generation cephalosporins (70.97%), followed by fluoroquinolones (19.35%) as monotherapy. In 9.68% of patients, a combination of 3rd generation cephalosporin and nitroimidazole was used in radical nephrectomy and cystectomy. Antimicrobial use was consistent with EAU recommendations in ~71% of patients and with AUA/ASHP Best Practices in ~90%. In ~71% of patients (mostly treated with 3rd generation cephalosporins), no indications of infection were observed, with prophylaxis duration ranging from 2 to 7 days.

The results reflect real-world (non-)adherence and indicate that other factors must be considered when interpreting compliance. Clinical pharmacists play a pivotal role in implementing current guidelines by optimizing antibiotic treatment and promoting evidence-based prophylaxis.

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