



doctors did not use antibiotics but rest 72.2% routinely used antibiotics for 3 to 5 days although the scientific evidence is against the use of antibiotics for hysteroscopies (14). Similarly for D & C, there is no scientific evidence of the use of prophylactic antibiotics although in the present study, majority of the gynaecologists used antibiotics for 3 to 5 days.

The questionnaires have been used to obtain useful data about the various surgeries; hysterectomy (17), urogynaecology (18), vaginal delivery (19) and caesarean sections (20) from their use of antibiotics.

The present study highlights the practice of Delhi gynaecologists regarding prescription of prophylactic antibiotics showing that combination of antibiotics is used for many days by most gynaecologists contrary to the recommendations of the studies from the world literature. The use of antibiotics is found to be even more in peripheral hospitals. It is probably due to the misconception that many Indian women are malnourished and anaemic with poor hygiene and are thus more prone to infection and the junior doctors tend to learn the practice from their seniors who are reluctant to change their age old practice of prescribing multiagent therapy for longer duration. The misuse of antibiotics can cause emergence of antibiotic resistant strains of bacteria putting the patient's life in jeopardy.

Conclusion

There is a very high prevalence of prescribing combination of antibiotics for long duration for all minor and major gynaecological surgeries by gynaecologists of Delhi.

References

1. Marjoribanks J, Jordan V, Calis K. Antibiotic prophylaxis for elective hysterectomy. *The Cochrane Database of Systematic Reviews* 2004, Issue 1. Art. No.: CD004637. DOI: 10.1002/14651858.CD004637.
2. Patrick D. Prophylactic antibiotics for hysterectomy. *Contemporary OB/GYN* 1997; 42: 21- 26.
3. Whitehouse JD, Sexton DJ. Control Measures to prevent surgical site infection-I. In Up To Date (www.uptodate.com), Rose BD (Ed). UpToDate, Wellesley, MA 2005.
4. Lichtenberg ES, Shott S. A randomized clinical trial of prophylaxis for vacuum abortion: 3 versus 7 days of doxycycline. *Obstet Gynecol* 2003; 101:726-31.
5. Cartwright PS, Pittaway DE, Jones HW 3rd, Entman SS. The use of prophylactic antibiotics in obstetrics and gynecology. A review. *Obstet Gynecol Surv* 1984; 39:537-54.
6. Tabei T. Effects of antibiotics in the prevention of infections following vaginal and abdominal hysterectomy: an evaluation by febrile morbidity and fever index. *Jpn J Antibiot* 1983; 36: 1569-80.
7. Ledger WJ. Current problems in antibiotic treatment in obstetrics and gynecology. *Rev Infect Dis* 1985; 7 Suppl 4: S679-89.
8. Latkowski KJ, Blok R, Blok K, Grybos M. Antibiotic prophylaxis after abdominal hysterectomy-comparative analysis of two treatment patterns. *Ginekol Pol* 2003; 74: 215-9.
9. Biglia N, Giai M, Sismondi P. Postoperative infections and antibiotic prophylaxis in radical hysterectomy. Review of literature. *Minerva Ginecol* 1991; 43: 425-33.
10. Cardosi RJ, Cardosi RP, Grendys EC Jr, Fiorica JV, Hoffman MS. Infectious urinary tract morbidity with prolonged bladder catheterization after radical hysterectomy. *Am J Obstet Gynecol* 2003; 189:380-3.
11. Bouma J, Dankert J. Infection after radical abdominal hysterectomy and pelvic lymphadenectomy: prevention of infection with a two-dose peri-operative antibiotic prophylaxis. *Int J Gynecol Cancer* 1993; 3: 94-102.
12. van Lindert AC, Giltaij AR, Derksen MD, Alsbach GP, Rozenberg-Arska M, Verhoef J. Single-dose prophylaxis with broad-spectrum penicillins (piperacillin and mezlocillin) in gynecologic oncological surgery, with observation on serum and tissue concentrations. *Eur J Obstet Gynecol Reprod Biol* 1990; 36:137-45.
13. Cormio G, Bettocchi S, Ceci O, Nappi L, Di Fazio F, Cacciapuoti C, Selvaggi L. Antimicrobial prophylaxis in laparoscopic gynecologic surgery: a prospective randomized study comparing amoxicillin-clavulanic acid with cefazolin. *J. Chemother* 2003; 15: 574-8.
14. Bhattacharya S, Parkin DE, Reid TM, Abramovich DR, Mollison J, Kitchener HC. A prospective randomized study of the effects of prophylactic antibiotics on the incidence of bacteraemia following hysteroscopic surgery. *Eur J Obstet Gynecol Reprod Biol* 1995; 63: 37-40.
15. May W, Gülmezoglu AM, Ba-Thike K. Antibiotics for incomplete abortion (Cochrane Review). In: *The Cochrane Library*, 4, 2001. Oxford: Update Software.
16. Nalbanski B, Tsekova K, Ivanov S Antibiotichna profilaktika pri malki ginekologichni operatsii, svurzani s prekusvane na bremennostta [Antibiotic prophylaxis in limited gynecological surgeries for pregnancy termination] *Akusherstvo i ginekol.* 2003; 42: 7-9.
17. Sharma JB, Malhotra M, Gupta S, Kumar A, Singh BP, Vindal A. A preliminary survey of patients' views on awareness, information, choices and expectations in women undergoing hysterectomy. *J Ind Med Assoc* 2004; 102: 304-308.
18. Sharma JB, Wadhwa L, Mittal S. Survey of knowledge, attitudes and practices of urogynaecological problems amongst gynaecologists of Delhi. *Ind J Med Sci* 2005; 59: 28-30.
19. Sharma JB, Malhotra M, Joshi D, Arora R. Survey of the patients' views on awareness, information, choices and care during labor in a teaching hospital. *J Obstet Gynaecol Ind* 2003; 53: 252-56.
20. Sharma JB, Sharma K, Sarin U. A study of maternal awareness and participation during caesarean section. *J Obstet Gynaecol Ind* 2001; 51: 37-39.