Perbandingan kekerapan dan derajat hipotensi antara anestesia sobarahnoid posisi duduk dengan posisi lateral dekubitus kiri pada kasus bedah sesar

Dita Aditianingsih, author

Abstrak

Latar belakang dan tujuan: Anastasia subarahnoid adalah salah satu tindakan anestesia regional yang sexing dilakukan untuk bedah sesar. Bupivakain hiperbarik 0,5% adalah obat anestetik lokal yang lazim dipakai untuk tehnik pembiusan tersebut. Posisi tubuh dan gaya gravitasi memiliki efek dan mempengaruhi penyebaran dari obat yang bersifat hiperbarik. Penelitian ini dilakukan untuk mengetahui pengaruh posisi tubuh saat penyuntikan obat bupivakain hiperbarik 0,5% terhadap efek hipotensi yang ditimbulkan.

Metode : Penelitian dilakukan terhadap 90 wanita hamil berstatus ASA I-II usia 17-50 tahun yang menjalani bedah sesar, dibagi secara arak menjadi 2 kelompok duduk dan lateral dekubitus kiri. Setelah dilakukan penyuntikan obat, setelah 2 menit pasien dikembalikan ke posisi terlentang miring kiri 15 derajat, dan dilakukan co loading kristaloid 10 mllkgBB selama 10 menit Dilakukan pencatatan tekanan darah selama operasi setiap 2 menit selama 20 menit pertama clan selanjutnya tiap 5 menit. Ketinggian hambatan sensorik clan ketinggian maksimal hambatan, jumlah total efedrin dan cairan kristaloid yang diberikan selama operasi juga dicatat. Data hasil penelitian diolah dengan menggunakan uji t, uji Mann Whitneydan uji Chi kuadrat.

Hasil : Kekerapan hipotensi antara kelompok posisi duduk dan lateral dekubitus kiri tidak berbeda secara statistik meskipun lebih banyak terjadi pada kelompok lateral dekubitus kiri (67%) dibandingkan posisi duduk (51%). Posisi duduk mengalami hipotensi lebih lambat, derajat hipotensinya lebih rendah dan pemakaian efedrin yang lebih sedikit.

Kesimpulan: Posisi tubuh saat penyuntikan that bupivakain hiperbarik 0,5% pada anestesia subarahnoid mempengaruhi derajat hipotensi yang terjadi pada kasus bedah sesar.
<hr><i>Backgrounds and objectives . Spinal anesthesia is one of the regional anesthesia technique frequently performed for cesarean section. Hyperbaric bupivacaine 0.5% is the most frequent local anesthetic used for this technique. Spread of the hyperbaric local anesthetics is affected by the position of the patient and gravity. In the present study we evaluated the effect of maternal posture whether sitting position during the induction of spinal anesthesia using 05% hyperbaric bupivacaine would induce less hypotension as compared with the left lateral position.

Methods. Ninety pregnant women underwent cesarean delivery were randomly assigned to receive a spinal injection consisting of 12.5 mg 0.5% hyperbaric bupivacaine in either sitting or left lateral position. After 2 minutes, patients were turned to a 15 degrees left lateral position and intravenous infusion of 10 mllkgbodyweigh t of crystalloids was started for 10 minutes along with the induction of spinal anesthesia. Intraoperative blood pressure were recorded , in this study hypotension is defined as a decrease in systolic

blood pressure less than 100 mmHg or 20% below baseline values. The height of sensory block was measured, time to T6 spread of the sensory block and the highest level of sensory blockade were noted. Total given of ephedrine and crystalloids rntraopertive were also noted. Statistical evaluation was performed using t?test, Mann Whitney test and Chi square as appropriate.

Result : The incidence of hypotension was not significantly different between sitting and left lateral position but more often in lateral position (51% vs 67%). Sitting position group has longer interval of the first hypotension (p=0.008),less severe of hypotension (p=0.042), less ephedrine supplementation (p=0.014), and longer interval for reaching the T6 dermatome blockade (p <0,0001).

Conclusion: Maternal posture during induction of spinal anesthesia using 0.5% hyperbaric bupivacaine has influence to severity of hypotension for cesarean section.</i>