

## Insidens postdural puncture headache dan hubungan faktor-faktor risiko di RSUPNCM periode Maret-April 2013 = Incidence of postdural puncture headache and risk factors in RSUPNCM during March-April 2013

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### Abstrak

Latar Belakang: Insidens postdural puncture headache menggunakan jarum spinal ukuran kecil belum pernah diteliti di RSUPNCM. Saat ini di tempat kami jarum spinal yang tersedia yaitu jarum spinal Quincke ukuran 25G, 26G, dan 27G.

Metode: Penelitian observasional ini dilakukan secara prospektif untuk mencari insidens postdural puncture headache sampai 72 jam pasca-anestesia spinal. Faktor-faktor risiko yang berhubungan dengan pasien dan prosedur dihubungkan dengan PDPH dan dilakukan analisis regresi linear terhadap faktor-faktor tersebut.

Hasil: Insidens postdural puncture headache pasca-anestesia spinal sebesar 6,6%. Kelompok usia <50 tahun memiliki kemungkinan 3 kali PDPH dibanding kelompok umur lebih tua. Jarum spinal 25G/26G Quincke memiliki kemungkinan 2 kali risiko MPDPH dibandingkan jarum 27G.

Kesimpulan: Insidens postdural puncture headache setelah anesthesia spinal di RSUPNCM tidak berbeda dengan hasil laporan di tempat lain.

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Background : Incidence of postdural puncture headache using small spinal needles was not yet investigated in RSUPNCM. In our centre we use Quincke spinal needle sizes 25G, 26G, and 27G.

Methods : The incidence of postdural puncture headache was prospectively investigated until 72 hours after spinal anesthesia in 440 patients at RSUPNCM. Patient and procedure related factors were recorded and submitted to multiple logistic regression analysis to determine the relationship of these factors to postdural puncture headcahe.

Results: The incidence of postdural puncture headache after spinal anesthesia were 6,6%. The age <50 years old is identified increase three times for PDPH compare to older. Larger needles Quincke (25G/26G) is identified increase twice for PDPH compare to 27G.

Conclusion : The incidence of postdural puncture headache after spinal anesthesia at RSUPNCM is comparable to those reported elsewhere.