

Perbandingan pengaruh mobilisasi range of motion dini 2 jam dan 6 jam pasca operasi digestif dengan anestesi spinal terhadap hemodinamik pasien di RSUD Serang = The influence of early mobilization range of motion rom 2 hours and 6 hours post digestive surgery on hemodynamic status s patient in Serang Hospital / Tuti Sulastri

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Abstrak

ABSTRAK

Anestesi spinal pada bedah digestif merupakan tindakan pembedahan yang dapat mempengaruhi keadaan hemodinamik. Pemberian Latihan mobilisasi rom dini diharapkan mampu membantu menstabilkan keadaan hemodinamik. Tujuan penelitian ini adalah mengetahui perbedaan mobilisasi 2 jam dan 6 jam pasca operasi digestif dengan anestesi spinal. Desain penelitian ini adalah quasi eksperimen dengan pre-post test non equivalent dengan jumlah 60 responden. Penilaian dilakukan dengan pengukuran tanda vital pada ketiga kelompok, pengukuran pertama yaitu 2 jam post operasi sebelum dilakukan intervensi, pengukuran kedua dilakukan setelah 2 DAFTAR GRAFIK jam setelah diberi latihan mobilisasi dan pengukuran ketiga 6 jam post operasi setelah diberi latihan. Hasil uji anova-post-hoc diperoleh perbedaan nilai $p < 0.05$, pada kelompok intervensi 2, khusus nilai diastolik dan MAP. Rekomendasi penelitian ini adalah bahwa dapat dipertimbangkan pemberian mobilisasi ROM dini baik 2 jam dan 6 jam post operasi bisa dilakukan mobilisasi secara bertahap khususnya pada pasien dengan anestesi spinal pada pembedahan digestif ini.

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ABSTRACT

Spinal anesthesia on post digestive surgery patient can influence hemodynamics' patient. The early mobilization: ROM is expected to stabilize hemodynamic patient post-surgery. The purpose of this study is to determine the difference on hemodynamic status patient who have early mobilization 2 hours and 6 hours postsurgery with spinal anesthesia. Quasi experiment was used with pre-posttest nonequivalent method which is recruited 60 respondents. Hemodynamic statuses were documented by measuring vital signs on 3 different groups. The first measurement was documented on 2 hours post-surgery before intervention. The second measurements were conducted 2 hours after early mobilization was given and third measurements were conducted 6 hours post-surgery after mobilization. The result from ANOVA test shows significant different ($p < 0.05$) between second group who received ROM 2 hours postsurgery, especially on diastolic and MAP score. It is recommended that early mobilization 2 and 6 hours post-surgery should be given gradually, especially patient with digestive surgery who received spinal anesthesia