Tata laksana nutrisi pada pasien sirosis hati = Nutritional management of patients with liver cirrhosis

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Abstrak

Malnutrisi merupakan hal yang umum terjadi pada pasien sirosis hati Tata laksana nutrisi yang optimal bertujuan mempertahankan dan meningkatkan status gizi memperbaiki keadaan klinis dan meningkatkan kualitas hidup pasien Tatalaksana nutrisi pasien sirosis hati mencakup pemberian makronutrien mikronutrien dan nutrien spesifik serta cairan Pasien pada serial kasus ini terdiri atas tiga orang laki laki dan satu orang perempuan dengan rentang usia antara 30 sampai 57 tahun Tiga orang pasien menderita malnutrisi dan satu orang pasien berisiko malnutrisi Berdasarkan skrining seluruh pasien membutuhkan dukungan nutrisi Kebutuhan energi total KET pasien dihitung dengan menjumlahkan kebutuhan energi basal KEB yang didapat dengan menggunakan persamaan Harris Benedict dan faktor stres yang sesuai kondisi klinis pasien Pemberian nutrisi dimulai dengan 80 dari KEB sampai KEB kemudian ditingkatkan secara bertahap hingga mencapai KET Kebutuhan protein dan lemak disesuaikan dengan kondisi pasien Protein yang diberikan mempunyai kandungan asam amino rantai cabang AARC yang tinggi dan lemak jenis medium chain triglyceride MCT trigliserida rantai sedang Makanan diberikan dalam porsi kecil dengan jadwal pemberian sering dan malam hari diberikan late evening snack sebanyak 10 dari asupan harian total mengandung karbohidrat dan AARC Pada pasien dengan hiponatremia dilusional asupan cairan direstriksi Selama pemantauan dengan bertambah baiknya keadaan klinis maka asupan makan pasien dapat mencapai KET Serial kasus ini menunjukkan bahwa pada pasien sirosis hati dengan berbagai komplikasi tata laksana nutrisi yang baik dapat meningkatkan status gizi memperbaiki keadaan klinis dan meningkatkan kualitas hidup pasien

.....Malnutrition is common in patients with liver cirrhosis Optimal nutrition support in patients with liver cirrhosis is required to maintain and improve clinical condition nutrition status and quality of life by providing macronutrient micronutrient specific nutrient and fluid according to the recommendation Patients in this case series were three males and one female with age ranged from 30 to 57 years old Three patients were malnourished while one was on risk of being malnourished Based on the screening conducted to these patients while their admission all four patients needed nutrition support therapy Total energy requirements were determined using Harris Benedict equation to calculate basal energy requirements and multiplied by stress factor Nutrition provision initiated from 80 basal energy requirement and increased gradually according to patient rsquo s tolerance until total energy requirements were achieved Protein and lipid were given in accordance with the patients clinical condition with protein contain high branched chain amino acid BCAA and fat which high in medium chain triglyceride MCT The diets delivered in small portion six times per day with late evening snack as much as 10 of total energy intake contained carbohydrate and BCAA Fluid restrictions were applied to patients with dilutional hyponatremia During hospitalization nutrition intake increased as general conditions improved Nutrition status clinical condition and quality of life of liver cirrhotic patients with various complications in this case series were improved by appopriate nutrition support ;Malnutrition is common in patients with liver cirrhosis Optimal nutrition support in patients with

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