Keefektifan blok pleksus servikal superfisialis dengan bupivakain 0,5 % sebagai analgesia postoperatif pada timpanomastoidektomi = The effectiveness of superficial cervical plexus block with bupivacaine 0,5 % as postoperatif analgesia in typanomastoidectomy

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Abstrak

LATAR BELAKANG: Anestesia umum yang merupakan teknik standar pembiusan pada timpanomastoidektomi memiliki beberapa kelemahan. Nyeri post operatif dan efek samping mual-muntah (Post Operative Nausea Vomiting (PONV)) yang kerap terjadi pada operasi ini dapat meningkatkan morbiditas pasca operasi. Penelitian ini bertujuan untuk mengetahui keefektifan penambahan blok pleksus servikal superfisialis dengan bupivakain 0.5% sebagai analgesia postoperatif pada timpanomastoidektomi.
METODE : Tiga puluh dua pasien yang akan menjalani timpanomastoidektomi dibagi secara acak menjadi dua kelompok dengan jumlah yang sama. Kelompok pertama (Grup BPSS+IV-PCT, n=16) menerima blok pleksus servikal superfisialis sebelum induksi. Kelompok kedua (Grup IV-PCT, n=16) tidak menerima blok pleksus servikal superfisialis. Sebelum operasi berakhir, kedua grup diberikan paracetamol 1 gram intravena (IV). Setelah ekstubasi, di ruang pemulihan dipasang Patient Controlled Analgesia (PCA) yang dipertahankan selama 24 jam di ruang perawatan dihitung sejak operasi dimulai. PCA berisi fentanil, dengan pengaturan demand dose (bolus) 1mcg/kgBB. Waktu pertama kali pasien menekan tombol PCA (T1), total fentanil PCA yang digunakan (mcg/kgBB), dan insidens PONV dicatat.
HASIL: Permintaan analgesia pertama pada Grup BPSS+IV-PCT lebih lama (1437.5 ± 10 minutes) dibandingkan dengan Grup IV-PCT (1310.63 ± 268.49 minutes). Pemakaian fentanil total pada Grup BPSS+IV-PCT lebih sedikit (0.06 ± 0.25mcg/kg) dibandingkan dengan Grup IV-PCT (0.31 ± 0.48 mcg/kg). Namun dari perhitungan statistik menunjukkan hampir tetapi tidak berhasil mencapai nilai p yang dianggap signifikan (p=0.056 and p=0.086). Di lain pihak insidens PONV menurun secara signifikan pada Grup BPSS+IV-PCT (P<0.001).
KESIMPULAN : Blok pleksus servikal superfisialis dengan bupivakain 0.5% sebagai analgesia postoperatif tidak lebih efektif bila dibandingkan dengan anestesia umum tanpa penambahan blok pada timpanomastoidektomi. Anestesia umum yang dikombinasi dengan blok pleksus servikal superfisialis secara signifikan berhasil menurunkan insidens PONV pada timpanomastoidektomi.
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BACKGROUND: General anesthesia as a standard technique of anesthesia on tympanomastoidectomy has some disadvantages. Postoperative pain and side effects of nausea-vomiting (Post Operative Nausea Vomiting (PONV)) that often occurs in this operation may increase postoperative morbidity and length of treatment in the ward. This study aims to determine the effectiveness of the addition of the superficial cervical plexus block with 0.5% bupivacaine as post operative analgesia in tympanomastoidectomy.
METHOD: Thirty two randomly selected patients presenting for elective tympanomastoidectomy were divided equally into two groups to receive either a cervical superficial plexus block with bupivacaine 0.5% (Group BPSS+IV-PCT, n=16) or general anesthesia alone without block (Group IV-PCT, n=16) as a control. Before surgery was ended, both group received paracetamol 1 gram intravenous (IV). After

extubation in the recovery room, Patient Controlled Analgesia (PCA) was installed for 24 hours counted since the surgery was started. PCA was contained with fentanyl, with setting of demand dose (bolus) 1mcg/kgBW. First time analgesia request (T1), total fentanyl PCA consumption (mcg/kgBW), and PONV incidence were recorded.
RESULTS: First time analgesia request was longer (1437.5 ± 10 minutes) in Group BPSS+IV-PCT compared with Group IV-PCT (1310.63 ± 268.49 minutes). Total fentanyl PCA consumption was lower in Group BPSS+IV-PCT (0.06 ± 0.25mcg/kg) compared with Group IV-PCT (0.31 ± 0.48 mcg/kg). However, they approaches but fails to achieve a customary level of statistical significance (p=0.056 and p=0.086). In the other hand PONV incidence decreased significantly (P<0.01) in group BPSS+IV-PCT.
CONCLUSION: Cervical superficial plexus block with bupivacaine 0.5% as post operative analgesia was not more effective than general anesthesia alone without block in tympanomastoidectomy. General anesthesia combined with cervical superficial plexus block significantly resulted in less PONV compared with general anesthesia alone for tympanomastoidectomy.