

Tingkat sedasi pada pemberian deksmedetomidin atau midazolam pada pasien yang menjalani pembedahan elektif dengan anestesia umum di RSUPN DR Cipto Mangunkusumo = The level of sedation after the administration of dexmedetomidine or midazolam in patients undergoing elective surgery with general anesthesia in RSUPN DR Cipto Mangunkusumo

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Abstrak

[ABSTRAK

Latar Belakang: Penggunaan deksmedetomidin dengan bolus awal memiliki efek samping seperti transient hypertension, bradikardi dan hipotensi. Penggunaan deksmedetomidin intravena dosis rendah diharapkan tidak menimbulkan efek samping namun diharapkan tetap memberikan efek sedasi yang baik untuk premedikasi pasien yang akan menjalani anestesia umum dibandingkan midazolam sebagai kontrol.

Metode: pada uji klinik dengan randomisasi tersamar ganda ini, 80 pasien yang menjalani pembedahan elektif di RSUPN Dr. Cipto Mangunkusumo dibagi menjadi 2 kelompok yang mendapatkan regimen premedikasi yang berbeda. Kelompok deksmedetomidin mendapatkan deksmedetomidin 0,3 µg/kgbb/jam intravena selama 15 menit dosis tunggal diikuti NaCl 0,9% 2ml intravena bolus, sedangkan kelompok midazolam mendapatkan NaCl 0,9% 20ml intravena selama 15 menit diikuti midazolam 0,05 mg/kgbb dosis tunggal. Kedua kelompok kemudian menjalani prosedur induksi, laringoskopi-intubasi yang sama. Tingkat sedasi pada menit ke-20 setelah obat mulai diberikan akan dibandingkan. Tingkat sedasi disebut baik bila berada pada Ramsay Sedation Scale 2.

Hasil: Terdapat perbedaan tingkat sedasi yang bermakna secara statistik ($p < 0,005$) yaitu dari 40 pasien yang mendapatkan deksmedetomidin semuanya (100%) berada pada Ramsay Sedation Scale 2, sedangkan dari 40 pasien yang mendapatkan midazolam 25 pasien berada pada Ramsay Sedation Scale 2 (62,5%), dan 15 pasien berada pada Ramsay Sedation Scale 3 (37,5%).

Kesimpulan: Deksmetomidin dosis 0,3 µg/kgbb/jam intravena selama 15 menit dosis tunggal memiliki tingkat sedasi yang lebih baik daripada midazolam 0,05 mg/kgbb intravena.

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ABSTRACT

Background: The administration dexmedetomidine using loading dose have some undesirable effects such as transient hypertension, bradycardia and hypotension. The use of low-dose dexmedetomidine single infusion was proposed to avoid those undesirable effects but still provide goodsedation effects for premedication, compared to midazolam as a control, for patients undergoing general anesthesia.

Method: in this randomized double-blind trial, 80 patients planned for elective surgery in RSUPN Dr. Cipto mangunkusumo were enrolled and divided into 2 groups receiving different premedication regimens. The dexmedetomidine group got 0.3 micrograms/kg/hour infusion in 15 minutes followed by a single bolus of 2ml NaCl 0.9%, while the midazolam group got 20ml of NaCl 0.9% infusion in 15 minutes followed by single bolus of midazolam 0.05 milligram/kg. The level of sedation at minute 20 after the start of drug administration was compared. Both groups then underwent the same induction, laryngoscopy and intubation procedures. The level of sedation is stated good when The Ramsay Sedation Scale is 2.

Results: all 40 patients (100%) in the dexmedetomidine group were on Ramsay Sedation Scale 2 while in the midazolam group 25 patients werw on Ramsay Sedation Scale 2 (62.5%), and 15 patients were in the Ramsay Sedation Scale 3 (37.5%) and statistically there was a significant difference ($p<0.005$).

Conclusion: Dexmedetomidine 0.3 micrograms/kg/hour single infusion in 15 minutes provide a better level of sedation than midazolam 0.05 milligram/kg single bolus.

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