

Hubungan antara orientasi komponen prostesis dan luaran fungsional pasien pasca-total hip replacement di RSUPN Cipto Mangunkusumo apakah sudut safe zone meningkatkan Harris Hip Score? = The association between THR prosthesis component orientation and post THR functional outcome in RSUPN Cipto Mangunkusumo does the safe zone angle improve Harris Hip Score?

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#### Abstrak

[Studi ini mengevaluasi pengaruh orientasi komponen (safe dan non-safe zone) THR, yang diwakilkan oleh sudut abduksi acetabulum, anteversi acetabulum, anteversi femur, ataupun kombinasinya terhadap luaran fungsional pasien. Penelitian analitik cross sectional ini melibatkan pasien dengan prosedur THR periode Januari 2008-Mei 2014. Tidak ditemukan hubungan bermakna antara sudut orientasi komponen prostesis THR dengan luaran fungsional HHS pasca-THR(<80 dan >80); sudut abduksi acetabulum, anteversi acetabulum, & sudut kombinasi anteversi( $p>0,05$ ). Aplikasi safe dan non-safe zone memberikan luaran fungsional yang sama. Posisi attahiyat dan squatting yang lebih tidak bisa dilakukan oleh kelompok safe zone sudut abduksi acetabulum bukan karena pengaruh sudut orientasi komponen THR. Skor HHS pasca-THR memiliki perbedaan bermakna: HHS pra-THR( $p=0,001$ );This study evaluates whether total hip replacement (THR) prosthesis component orientation influence hip functional outcome. This is an analytical cross-sectional study involving post-THR patients in RSUPN Cipto Mangunkusumo in January 2008- May 2014. The component orientation angle (safe zone dan non-safe zone) are not related significantly with post-THR HHS (<80 dan >80); the acetabular abduction angle, the acetabular anteversion angle, the combined anteversion angle ( $p>0.05$ ). There is no difference in outcome in both safe and non-safe zone groups. There is no influence of THR component orientation angle in patient's ability to perform "attahiyat" and squatting position., This study evaluates whether total hip replacement (THR) prosthesis component orientation influence hip functional outcome. This is an analytical cross-sectional study involving post-THR patients in RSUPN Cipto Mangunkusumo in January 2008- May 2014. The component orientation angle (safe zone dan non-safe zone) are not related significantly with post-THR HHS (<80 dan >80); the acetabular abduction angle, the acetabular anteversion angle, the combined anteversion angle ( $p>0.05$ ). There is no difference in outcome in both safe and non-safe zone groups. There is no influence of THR component orientation angle in patient's ability to perform "attahiyat" and squatting position.]