

## Korelasi obesitas terhadap produksi seroma pasca mastektomi radikal modifikasi = Correlation of obesity to seroma production after modified radical mastectomy

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### Abstrak

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Obesitas menjadi perhatian khusus bagi ahli bedah karena selain menjadi faktor risiko keganasan payudara juga berperan penting dalam proses penyembuhan dan peningkatan komplikasi pasca mastektomi salah satunya adalah seroma. Obesitas menyebabkan insiden pembentukan seroma lebih tinggi pasca MRM. Berbagai penelitian telah dilakukan untuk melihat hubungan antara obesitas dengan produksi seroma namun didapatkan hasil kontroversial. Oleh karena itu dilakukan penelitian ini untuk melihat korelasi obesitas dengan produksi seroma dengan lamanya perawatan. Penelitian retrospektif potong lintang ini dilakukan dengan melihat kelengkapan data rekam medis pasien keganasan payudara unilateral di Departemen Medik Ilmu Bedah Fakultas Kedokteran Universitas Indonesia dan RSUPN Cipto Mangunkusumo selama periode 2013-2014. Penelitian dilakukan terhadap 67 subjek dengan hasil rerata usia pasien keganasan payudara 48,585 tahun, rerata IMT 25,43408 kg/m<sup>2</sup>, lama rawat inap 3,8 hari, dan rerata produksi seroma total selama pasien dirawat 502,32078 mL. Pada penelitian ini didapatkan korelasi linier positif antara IMT dan produksi seroma total dengan peranan IMT terhadap produksi seroma total selama rawat inap dengan peranan IMT terhadap seroma 33,8 r 0,581 p.

**ABSTRACT**  
Obesity becomes one of particular concern for the surgeon because in addition to being a risk factor for breast carcinoma also important in the healing process and increase complications after mastectomy one of them is seroma. Incidence seroma higher in obese than non obese patient after MRM. Various study have been conducted to evaluate association between obesity and seroma production but the result is still controversial. Hence this study was conducted to evaluate correlation between obesity and seroma production and also seroma production and long hospitalization. All of the patient that was hospitalization in Cipto Mangunkusumo Hospital since 2013 until 2014 March was evaluated retrospectively. This cross sectional study was being done toward 67 samples with age mean 48,585 years, BMI mean 25,43408 kg/m<sup>2</sup>, length of stay 3,8 days and total seroma production mean 502,32078 mL. This study reported correlation linier positive between obesity and seroma production with role of obesity to seroma production is 33,8 r 0,581 p; Obesity becomes one of particular concern for the surgeon because in addition to being a risk factor for breast carcinoma also important in the healing process and increase complications after mastectomy one of them is seroma. Incidence seroma higher in obese than non obese patient after MRM. Various study have been conducted to evaluate association between obesity and seroma production but the result is still controversial. Hence this study was conducted to evaluate correlation between obesity and seroma production and also seroma production and long hospitalization. All of the patient that was hospitalization in Cipto Mangunkusumo Hospital since 2013 until 2014 March was evaluated retrospectively. This cross sectional study was being done toward 67 samples with age mean 48,585 years, BMI mean 25,43408 kg/m<sup>2</sup>, length of stay 3,8 days and total seroma production mean 502,32078 mL. This study reported correlation linier positive between obesity and seroma production with role of obesity to seroma production is 33,8 r 0,581 p, Obesity becomes one of particular concern for the surgeon

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