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Delayed graft function pada laparoskopi donor nefrektomi hidup analisis multivariat = Delayed graft function following laparoscopic live donor nephrectomy a multivariate analysis

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Pande Made Wisnu Tirtayasa, author Deskripsi Lengkap: https://lib.ui.ac.id/detail?id=20422694&lokasi=lokal	
Abstrak	
[ABSTRAK	
Latar	
Belakang	
Delayed	
graft	
function	
(DGF)	
adalah	
komplikasi	
yang	
umum	
dijumpai	
pada	
transplantasi	
dari	
mayat.	
Berdasarkan	
studi	
terdahulu,	
DGF	
dan	

factor

resikonya

memiliki

hasil

yang

bervariasi

pada

donor

nefrektomi

hidup

Metode

Peneliti

melakukan

analisis retrospektif dari rekam medic donor dan resipien transplantasi ginjal pada 100 kasus laparoskopi donor nefrektomi hidup di Rumah Sakit Cipto Mangunkusumo dari November 2011 hingga Februari 2014. Kriteria **DGF** adalah pasien didialisis pada minggu post operasi dan/ atau kreatinin lebih

dari 2.5 mg/dl pada hari ke 7 post operasi. Pasien yang tidak masuk dalam kriteria tersebut didefinisikan memiliki renal allograft yang berfungsi normal Hasil Prevalensi DGF pada penelitian ini adalah 14%. Indeks massa tubuh resipien, cold ischemia time, waktu anastomosis vaskular, dan

total
ischemia
time
lebih
tinggi
pada
grup
DGF,
tetapi
tidak
ditemukan
faktor
resiko
DGF
yang
signifikan
secara
statistic
saat
dilakukan
analisis
multivariat
Kesimpulan
Insidensi
DGF
pada
studi
ini
masuk
dalam
rentang
yang
diamati
pada
studi‐
studi
sebelumnya.
Faktor
resiko
yang
dilaporkan
sebagai

faktor resiko DGF

pada

laparoskopi

donor

nefrektomi

hidup

tidak

signifikan

secara

statistik

dengan

DGF

pada

studi

kali

ini.

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ABSTRACT

Background

Delayed graft function (DGF) is a common complication affecting deceased donor renal transplantation. Based on previous studies, DGF and its risk factors in live donor nephrectomy (LDN) have a various results.

Methods

We retrospectively analyzed the medical records of donor and recipient from our first 100 cases of laparoscopic LDN in Cipto Mangunkusumo Hospital from November 2011 to February 2014. The criteria used to define DGF were the requirement for dialysis in postoperative week 1 and/or serum creatinine greater than 2.5 mg/dl at postoperative day 7. Patients who did not match any of these criteria were define as having normal renal allograft function.

Results

The overall prevalence of DGF was 14%. Recipients body mass index, cold ischemia time, vascular anastomosis time, and total ischemia time were higher among the delayed graft function group, but no risk factors for DGF were significantly associated after multivariate analysis.

Conclusions

The incidence of DGF in our study was in the range of that observed in previous studies. The factors that previously reported and believed as risk factors of DGF in laparoscopic LDN were not significantly associated with the development of DGF in our study.;Background

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