

Faktor risiko tingginya angka sindrom pascakolesistektomi spk di Rumah Sakit dr. Cipto Mangunkusumo pada tahun 2015 = Risk factors for high incidence of postcholecystectomy syndrome pcs in dr Cipto Mangunkusumo Hospital at 2015

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Abstrak

Latar belakang : Insiden sindrom pascakolesistektomi SPK di RS dr.Cipto Mangunkusumo RSCM pada tahun 2012 sebesar 54.29 , lebih tinggi daripada penelitian di negara lain.

Tujuan : Studi ini bertujuan mencari faktor risiko SPK untuk mengupayakan turunnya insiden SPK.

Metode : Dilakukan suatu studi cross-sectional terhadap subjek yang menjalani kolesistektomi pada periode Januari - Desember 2015.

Hasil : Total 112 pasien menjalani laparoskopik kolesistektomi. Insiden SPK didapatkan sebesar 45,5 . Pada analisis bivariat didapatkan hubungan signifikan antara SPK dengan lama keluhan praoperasi $p=0,033$, $OR=2,29$, flatulens praoperasi $p=0,000$, $OR=16,48$, gejala non-spesifik praoperasi $p=0,000$, $OR=6,93$, persepsi pasien $p=0,000$, $OR=5,723$. Pada analisis regresi logistik didapatkan flatulens praoperasi $p=0,000$, $OR=17,152$, gejala non-spesifik praoperasi $p=0,012$, $OR=3,984$ dan persepsi pasien praoperasi $p=0,003$, $OR=5,907$ merupakan faktor risiko untuk SPK. Rerata lama observasi pascaoperasi adalah 14,95 bulan.

Kesimpulan : Tingginya angka SPK di RSCM akibat jumlah subjek dengan gejala praoperasi non-spesifik yang lebih tinggi, persepsi praoperasi yang buruk, dan perbedaan lama observasi pascaoperasi.

Background: Incidence of postcholecystectomy syndrome in Cipto Mangunkusumo Hospital at 2012 is 54.29 , higher than ever reported.

Objective: The objective of the study was to identify risk factors of PCS and decrease its incidence.

Method: A cross sectional study was performed enroll all subjects that underwent cholecystectomy from January to December 2015.

Result: All 112 subjects underwent laparoscopic cholecystectomy. We found the incidence for PCS to be 45.5 . Bivariate analysis showed there were significant correlation between PCS and preoperative symptom duration $p 0.033$, $OR 2.29$, preoperative flatulence $p 0.000$, $OR 16.48$, non specific preoperative symptoms $p 0.000$, $OR 6.93$, poor preoperative perception $p 0.000$, $OR 5.723$. Multivariate logistic regression analysis showed that only preoperative flatulence $p 0.000$, $OR 17.152$, non specific preoperative symptoms $p 0.012$, $OR 3.984$, and poor preoperative perception $p 0.003$, $OR 5.907$ were independent predictive factors for PCS. Mean of postoperative observation was 14.95 months.

Conclusion: High incidence of PCS in RSCM was influenced by larger number of subject with non specific preoperative symptoms, poor preoperative perception and the difference in duration for postoperative observation.</i>