

## Terapi nutrisi perioperatif pada pasien-pasien dengan penyakit keganasan urogenital = Perioperative nutrition therapy in genitourinary cancer patients

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### Abstrak

Latar Belakang: Penyakit keganasan urogenital merupakan spektrum penyakit yang luas, dengan penatalaksanaan mulai dari observasi dan pemantauan ketat hingga pembedahan ekstirpatif mayor. Risiko malnutrisi praoperatif akibat kanker dan pascaoperatif akibat stres pembedahan akan meningkatkan risiko morbiditas dan mortalitas. Terapi nutrisi perioperatif yang adekuat bertujuan untuk menunjang perbaikan klinis dan status nutrisi, mendukung proses pemulihan, menurunkan risiko komplikasi pascaoperasi, serta menurunkan lama rawat di rumah sakit.

Metode: Laporan serial kasus ini menyajikan empat kasus kanker urogenital, terdiri dari dua kasus kanker buli, satu kasus kanker ginjal, dan satu kasus kanker penis. Tiga kasus termasuk kaheksia kanker, dan satu kasus termasuk pra-kaheksia. Seluruh pasien menjalani pembedahan urologi mayor dengan anestesi umum dan epidural. Terapi nutrisi perioperatif yang diberikan antara lain carbohydrate loading, nutrisi enteral dini pascaoperasi, serta pemberian nutrisi secara bertahap berdasarkan kondisi klinis. Dilakukan pemantauan yang meliputi keluhan klinis, antropometri, pemeriksaan fisik, hasil laboratorium, dan analisis asupan.

Hasil: Dua pasien mengalami ileus paralitik pascaoperasi dengan satu pasien di antaranya membutuhkan nutrisi parenteral total, dan dapat teratasi dalam 7 hari pascaoperasi. Satu pasien mengalami hiperglikemia reaktif dan diberikan terapi insulin, dapat teratasi dalam 7 hari pascaoperasi. Satu pasien mengalami perlambatan penyembuhan luka dan memiliki masa rawat pascaoperasi paling lama. Pasien yang mengalami ileus paralitik membutuhkan waktu lebih lama untuk mencapai target kalori 80 , namun seluruh pasien telah dapat mencapai target tersebut dalam 7 hari pascaoperasi. Lama perawatan pascaoperasi bervariasi, sekitar 10-27 hari.

Kesimpulan: Terapi nutrisi perioperatif yang diberikan pada keempat pasien menunjang perbaikan klinis dan status nutrisi, mendukung proses pemulihan, menurunkan risiko komplikasi pascaoperasi, serta menurunkan lama rawat di rumah sakit.

.....Background: Genitourinary malignancy represents a broad spectrum of disease, with treatments ranging from watchful waiting to major extirpative surgery. The risk of preoperative malnutrition due to cancer and postoperatively due to surgical stress will increase the risk of morbidity and mortality. An adequate perioperative nutrition therapy aims to support clinical and nutritional status improvement, hasten the recovery process, reduce the risk of postoperative complications, and decrease the length of hospital stay.

Method This case series report presents four cases of genitourinary cancers, consist of two cases of bladder cancer, one case of kidney cancer, and one case of penile cancer. Three cases are classified into cancer cachexia, and one case of pre cachexia. All patients had undergone major urological surgery under general and epidural anesthesia. Perioperative nutrition therapy provides carbohydrate loading, postoperative early enteral nutrition, as well as gradual nutrition based on clinical conditions. The monitoring given included clinical complaints, anthropometric measurement, physical examination, laboratory test results, and intake analysis.

Result Two patients had postoperative paralytic ileus with one patient requires total parenteral nutrition, and resolved within 7 days after surgery. One patient had reactive hyperglycemia and treated with insulin therapy, resolved in 7 days postoperative. One patient experienced impaired wound healing and had the longest postoperative care period. Patients with paralytic ileus may take more days to achieve 80 calorie target, yet all patients have been able to achieve the target in 7 days postoperative. The length of hospital stay after surgery was varied between 10 to 27 days.

Conclusion Perioperative nutrition therapy given to four patients in this case series leads to the clinical and nutritional status improvement, supports the recovery process, decreases the risk of postoperative complications, and shortens the hospital stays.