

Perbandingan Efektivitas Sedasi Campuran Propofol dan Ketamin (Ketofol) Rasio 6:1 dengan Rasio 4:1 pada Prosedur Endoscopic Retrograde Cholangiopancreatography = Comparison of Effectiveness of Propofol and Ketamine Combination (Ketofol) Ratio of 6:1 with Ratio of 4:1 in Endoscopic Retrograde Cholangiopancreatography

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Abstrak

Latar belakang. Endoscopic retrograde cholangio pancreatography ERCP merupakan tindakan yang dapat menimbulkan rasa tidak nyaman dan nyeri pada pasien, sehingga diperlukan obat sedasi yang adekuat. Propofol dan ketamin adalah dua obat sedasi yang sering digunakan. Penambahan ketamin pada propofol dapat melawan efek depresi pernapasan dan kardiovaskular dari propofol. Kombinasi propofol dan ketamin ketofol telah digunakan sebagai obat sedasi pada berbagai prosedur medis. Namun, evaluasi efektivitas berbagai konsentrasi ketofol terkait perubahan hemodinamik, waktu pulih, dosis, dan efek samping belum banyak diteliti. Penelitian ini bertujuan untuk membandingkan efektivitas sedasi ketofol rasio 6:1 dengan rasio 4:1 pada ERCP.

Metode. Penelitian ini merupakan uji klinis acak tersamar tunggal terhadap pasien yang menjalani ERCP di PESC RSCM pada bulan Maret-Mei 2017. Sebanyak 58 pasien diambil dan dirandomisasi menjadi dua kelompok. Kelompok K61 n=29 mendapat infus kombinasi propofol:ketamin 6:1, sedangkan kelompok K41 n=29 mendapat infus kombinasi propofol:ketamin 4:1. Kedalaman sedasi diukur menggunakan skor sedasi Ramsay. Analisis data menggunakan uji-t tidak berpasangan atau Mann-Whitney.

Hasil. Rerata kebutuhan propofol antara ketofol 6:1 125,49 30,49 mcg/kg/mnt dan ketofol 4:1 121,28 28,94 mcg/kg/mnt tidak berbeda bermakna. Waktu pulih ketofol 6:1 6,55 0,5-19 mnt lebih cepat dibandingkan ketofol 4:1 11,37 4,9-20,53 mnt

.....Background. Endoscopic retrograde cholangiopancreatography ERCP is a painful procedure that requires analgesic and sedative. Propofol and ketamine are common drugs that are used as sedative in ERCP. The addition of ketamine to propofol may counteract the cardiorespiratory depression caused by propofol. Ketofol, a combination of propofol and ketamine has been used as sedative in various medical procedures. However, evaluation of the effectiveness of different concentration of ketofol in procedural operation regarding changes in hemodynamic, recovery time, doses, and adverse effects was not yet studied. This study was conducted to compare the effectiveness of ketofol ratio of 6 1 with ratio of 4 1 in ERCP.

Methods. This was a randomized, single blinded study in patients underwent ERCP in PESC RSCM during March May 2017. There were 58 subjects who were randomized into two groups. K61 group n 29 received an infusion of ketofol ratio of 6 1, whereas K41 group n 29 received an infusion of ketofol ratio of 4 1. Sedation level was measured with Ramsay sedation score. Data were analyzed by t test or Mann Whitney test.Results. The average requirement of propofol between K61 125,49 30,49 mcg kg min and K41 121,28 28,94 mcg kg min was not significantly different. Recovery time of K61 6,55 0,5 19 min was faster compare to K41 11,37 4,9 20,53 min . There were no desaturation and emergence delirium recorded in both groups. Hypotension was recorded in one patient in each group. Hypersalivation only reported in one patient 3.4 in K61 group, whereas in K41 group there were five patients who were reported have hypersalivation. The

incidence of nausea vomiting in K61 group was 6 20.7 and in K41 group was 11 37.9 . The level of postoperative pain in both groups was not significantly different.

Conclusion. Ketofol 6 1 was not more effective than ketofol 4 1 because the requirement of the drugs between both groups was not different, however ketofol 6 1 has faster recovery time and fewer adverse effects.