

Analisa perbandingan komplikasi pasca rubber band ligation dan stapled hemorrhoidopexy pada pasien hemoroid interna derajat 2-3 = Comparative analysis of post rubber band ligation and stapled hemorrhoidopexy complications of internal hemorrhoids grade 2 and 3

Sumanto, author

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Abstrak

ABSTRAK

Latar belakang: Strategi tatalaksana hemoroid interna derajat dua dan tiga terdiri dari tatalaksana non bedah dan bedah. Apabila tatalaksana non bedah tidak berhasil, maka pilihan terapi disarankan minimal invasi atau pembedahan tergantung kondisi klini. Seiring dengan perkembangan IPTEK, dikenal teknik rubber band ligation RBL dan stapled hemorrhoidopexy SH. Di Indonesia, belum ada data yang menggambarkan distribusi angka komplikasi pascaoperasi. Metode penelitian: Studi potong lintang komparatif dilakukan dengan mengambil data rekam medis subjek yang telah menjalankan RBL atau SH periode 2011-2014 pada tiga rumah sakit di Jakarta. Dilakukan analisis univariat untuk menilai komplikasi pascaoperasi RBL dan SH subjek hemoroid interna derajat dua dan tiga. Kami menggunakan uji chi square untuk menilai faktor-faktor yang mempengaruhi komplikasi variabel kategorik, t-test untuk variabel numerik, dan uji fisher bila syarat chi square tidak terpenuhi. Hasil penelitian: Didapatkan 183 subjek yang menjalani RBL 49,2 dan SH 50,8, hemoroid interna derajat dua 40 dan derajat tiga 60. Komplikasi pascaoperasi terdiri dari nyeri RBL 4,4, SH 8,8, perdarahan RBL 2,3, SH 4,9, retensi urin RBL tidak ada, SH 2,7, infeksi RBL 0,5, SH 1,6 dan stenosis RBL tidak ada, SH 0,5. Komplikasi pascaoperasi subjek hemoroid interna derajat dua 8,2 dan derajat tiga 13,1 $p = 0,71$. Subjek hemoroid interna derajat tiga, komplikasi pasca RBL 2,8, SH 19,4 $p = 0,03$. Kesimpulan: Komplikasi hemoroid interna derajat dua dan tiga pasca RBL tidak berbeda dengan SH. Pada hemoroid interna derajat tiga, komplikasi pasca RBL lebih rendah secara signifikan dibandingkan SH.

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ABSTRACT

Background The management of second and third degree internal hemorrhoid consists of non surgical and surgical treatments. If non surgical treatment does not succeed, then the recommended therapy is minimal invasive or surgery, depends on the clinical condition. Along with the development of science and technology, a technique known as rubber band ligation RBL and stapled hemorrhoidopexy emerges. In Indonesia, there is no data that can describe the distribution of postoperative complication rate. Method A comparative cross sectional study was conducted by gathering short term outcomes data from the subjects 39 medical records that underwent RBL or SH between 2011 to 2014 in three different hospitals in Jakarta. A univariate analysis was conducted to assess postoperative complications of RBL and SH subjects of third and second degree internal hemorrhoids. We use chi square test to assess the factors that influence the complications of categorical variables and t tests for numerical variables, and Fisher test if the chi square condition is not met. Results Among 183 subjects, 49,2 underwent RBL and 50,8 SH. Second degree internal hemorrhoids were 40 and third degree were 60. Postoperative complications consist of pain RBL 4,4, SH 8,8, hemorrhage RBL 2,3, SH 4,9, urinary retention RBL 0, SH 2,7, infection RBL 0,5, SH 1,6 and stenosis RBL 0, SH 0,5. Postoperative complications on second degree internal hemorrhoidal was 8,2

and third degree 13,1 p 0,71 . Complication of subject with third degree internal hemorrhoids after RBL 2,8 , SH 19,4 p 0,03 . Conclusion Complications of second and third degree internal hemorrhoids post RBL are no different with SH while for third degree internal hemorrhoid, complications after RBL were significantly lower than SH.