Efektivitas propofol dosis 0,5 mg/kg di akhir anestesia untuk menurunkan kejadian Emergence Agitation pasien anak yang menjalani anestesia umum inhalasi = Effectivity of propofol 0,5 mg/kg at the end of anesthesia to reduce the incidence of emergence agitation in children undergoing general inhalational anesthesia

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Abstrak

Latar belakang. Emergence agitation (EA) merupakan gangguan perilaku sementara yang sering terjadi pascaanestesia inhalasi dan berpotensi membahayakan pasien. Pemberian propofol 1-3 mg/kg di akhir anestesia inhalasi mencegah EA tetapi memperpanjang waktu pindah ke ruang pulih. Penelitian ini bertujuan mengetahui efektivitas propofol dosis 0,5 mg/kg di akhir anestesia untuk menurunkan kejadian EA pasien anak yang menjalani anestesia umum inhalasi. Propofol dinilai efektif jika dapat menurunkan kejadian EA tanpa memperpanjang waktu pindah.
Metode. Penelitian uji klinik acak tersamar ganda terhadap anak usia 1-5 tahun yang menjalani anestesia umum inhalasi di RSCM pada bulan Mei – Agustus 2018. Sebanyak 108 subjek didapatkan dengan metode konsekutif yang dirandomisasi menjadi dua kelompok. Kelompok propofol (n=54) mendapat propofol 0,5 mg/kg di akhir anestesia, sedangkan kontrol (n=54) tidak mendapat propofol. Kejadian EA, waktu pindah, hipotensi, desaturasi dan mual-muntah pascaoperasi dicatat. EA dinilai dengan skala Aono dan Pediatric Anesthesia Emergence Delirium (PAED). Analisis data menggunakan uji chi-square dan t tidak berpasangan.
Hasil. Kejadian EA pada kelompok propofol sebesar 25,9% sedangkan kontrol 51,9% (RR = 0,500; IK 95% 0,298-0,840; p=0,006). Rerata waktu pindah kelompok propofol lebih lama (9,51 ± 3,93 menit) dibandingkan kontrol (7,80 ± 3,57 menit) (selisih rerata 1,71 menit; IK 95% 0,28-3,14; p=0,020). Hipotensi didapatkan pada satu pasien (1,9%) pada kelompok propofol sedangkan pada kontrol tidak ada. Mual-muntah terjadi pada lima pasien (9,3%) pada kelompok propofol dan delapan pasien (14,8%) pada kontrol. Tidak ada desaturasi pada kedua kelompok.
Simpulan. Pemberian propofol dosis 0,5 mg/kg di akhir anestesia secara statistik tidak efektif namun secara klinis efektif menurunkan kejadian EA pasien anak yang menjalani anestesia umum inhalasi.
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Background. Emergence agitation (EA) is a common transient behavioral disturbance after inhalational anesthesia and may cause harm. Propofol 1-3 mg/kg administration at the end of inhalational anesthesia prevents EA but prolongs transfer time to recovery room. This study evaluated the effectivity of propofol 0,5 mg/kg at the end of anesthesia to reduce the incidence of EA in children undergoing general inhalational anesthesia. Propofol was considered effective if could reduce the incidence of EA without prolonging transfer time.
Method. This was a double-blind randomized clinical trial on children aged 1-5 years old underwent general inhalational anesthesia in Cipto Mangunkusumo Hospital. One hundred eight subjects were included using consecutive sampling method and randomized into two groups. Propofol group (n=54) was given propofol 0,5 mg/kg at the end of anesthesia while control group (n=54) was not. Incidence of EA, transfer time,

postoperative hypotension, desaturation and nausea-vomiting were observed. Aono and Pediatric Anesthesia Emergence Delirium (PAED) scale were used to assess EA. Statistical tests used were chi square and unpaired t test.
Result. Incidence of EA in propofol group was 25,9% while in control group was 51,9% (RR = 0,500; 95% CI 0,298-0,840; p=0,006). Mean transfer time in propofol group was longer (9,51 ± 3,93 minute) than control group (7,80 ± 3,57 minute) (mean difference 1,71 minute; 95% CI 0,28-3,14; p=0,020). Hypotension was found in one patient (1,9%) in propofol group while in control group there was none. Nausea-vomiting was found in five patients (9,3%) in propofol group and eight patients (14,8%) in control. There was no desaturation in both groups.
Conclusion. Administration of propofol 0,5 mg/kg at the end of anesthesia statistically ineffective but clinically effective in reducing the incidence of EA in children undergoing general inhalational anesthesia.