Hubungan adekuasi anti tuberkulosis praoperasi dengan morbiditas dan mortalitas pascaoperasi abdomen penderita tuberkulosis = The relationship of preoperative antituberculosis drugs adequacy with abdominal post operative morbidity and mortality on tuberculosis patients

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Abstrak

Pendahuluan: Adekuasi pengobatan TB praoperasi merupakan sebuah dilema dikalangan Spesialis bedah yang mengharapkan morbiditas dan mortalitas pascaoperasi yang rendah. Belum adanya data tentang morbiditas dan mortalitas pascaoperasi abdeomen penderita TB di RSCM dan RS Persahabatan menunjukkan perlunya dilakukan penelitian untuk mengetahui adekuasi pemberian OAT praoperasi pada penderita TB berhubungan denngan morbiditas berupa fistel enterokutan, obstruksi usus, infeksi daerah operasi (IDO) dan mortalitas pascaoperasi abdomen.
Metode: Desain studi ini adalah cross sectional yang bersifat deskriptif analitik yang dilakukan di RSUPN Cipto Mangunkusumo dan Rumah Sakit Umum Pusat Persahabtan (RSP) dari September-Desmber 2107. Dengan metode total sampling , Jumlah sampel didapatkan 59 subjek penderita TB yang menjalani operasi abdomen dan dirawat di RSCM dan RSP yang memenuhi kriteria inklusi dan eksklusi. Analisa Bivariate dengan SPSS dilakukan untuk menentukan hubungan antara adekuasi OAT dengan mortalitas dan mobiditas pascaoperasi.
Hasil :Terdapat 46 subjek (78%) tidak mendapat terapi OAT praoperasi secara adekuat. Morbiditas pada studi ini adalah 29 subjek (49.25%) yang didapatkan hubungan signifikan dengan adekuasi OAT (p=0.030). Dari tiga morbiditas (IDO, Fistel enterokutan, dan obstruksi usus) , hanya IDO yang berhubungan signifikan dengan Adekuasi OAT (p=0.048) . Hubungan yang tidak signifikan didapatkan terhadap mortalitas (p=0.564). Pada Operasi emergensi didapatkan insidensi Morbiditas (OR = 1.62; 95% CI 0.58 - 4.53) dan IDO (OR = 2.02; 95% CI 0.63 - 6.46) yang lebih tinggi dibandingkan dengan operasi elektif. Pada jenis operasi kotor dibandingkan operasi bersih didapatkan IDO yang signifikan (p=0.030). Pada analisa multivariate menunjukkan adekuasi OAT dan tipe operasi merupakan faktor risiko terjadinya morbiditas pascaoperasi (p=0,025).
Kesimpulan: Pemberian OAT yang adekuat praoperasi penderita tuberkulosis yang menjalani operasi abdomen menurunkan morbiditas pascaoperasi yang berupa infeksi daerah operasi, namun pemberian obat anti tuberkulosis yang adekuat pada penderita tuberkulosis yang menjalani operasi abdomen tidak berpengaruh terhadap morbiditas berupa fistel enterokutan, obstruksi usus serta tidak berpengaruh terhadap mortalitas pascaoperasi.
.....Background: The adequacy of tuberculosis treatment before abdominal surgery is a dilemma faced by surgeons who aims for low risk of morbidity and mortality. In addition, there is no data on morbidity and mortality post abdominal operation on TB patients in RSCM and RS Persahabatan. Therefore, this research aims to show the correlation between the adequacy of preoperative TB treatment and postoperative morbidity (fistula enterocutaneous, obstruction, and surgical site infection) and mortality.
Method: This study is a descriptive-analytic cross-sectional study done in Cipto Mangunkusumo Hospital

dan Persahabatan Hospital using total sampling method, a total of 59 subjects with TB and had undergone abdominal operation and was admitted from January 2011 to August 2017,that fulfilled the criteria of this study. Bivariate and multivariate analysis using SPSS was done to analyse the correlation between TB treatment adequacy and postoperative morbidity and mortality.
Results: 46 subjects (78%) did not receive adequate preoperative TB treatment. The morbidity rate in this study is 29 subjects 49.25% with significant correlation with the adequacy of preoperative TB treatment (p=0.030). From the three morbidities in this study (fistula enterocutaneous, obstruction, surgical site infection), only surgical site infection (SSI) has significant correlation with TB treatment adequacy (p=0.048). There is no significant correlation with postoperative mortality (p=0.564). Compared to elective surgery, emergency surgery has higher morbidity (OR = 1.62; 95% CI 0.58 - 4.53) and SSI (OR = 2.02; 95% CI 0.63 - 6.46) incidence. A significant difference in the incidence of SSI between clean and dirty surgery wound was found (p=0.030). Multivariate analysis showed that both adequacy of antituberculosis treatment and surgery type are independent risk factors for morbidity (p=0,025).
Conclusion: Adequate preoperative TB treatment lowers the postoperative morbidity such as surgical site infection. There is no significant correlation between adequate preoperative TB treatment and mortality, and other morbidities such as fistula enterocutaneous and obstruction. Morbidity and SSI are more likely to happen in emergency surgery than elective surgery. Both adequacy of antituberculosis treatment and surgery type are independent risk factors for morbidity