

# Peranan Terapi Medik Gizi Perioperatif pada Pasien Tumor Gaster yang menjalani Gastrektomi terhadap Status Gizi dan Kapasitas Fungsional = The Role of Perioperative Medical Nutrition Therapy in Gastric Tumors with Gastrectomy Surgery on Nutritional Status and Functional Capacity

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## Abstrak

Latar Belakang: Pasien dengan keganasan gaster berisiko tinggi mengalami malnutrisi. Terapi kuratif utama pada pasien keganasan gaster adalah tindakan operasi, sehingga diperlukan dukungan terapi medik gizi perioperatif yang dapat menunjang perbaikan status gizi, kapasitas fungsional, dan kualitas hidup.

Metode: Pasien pada serial kasus adalah dua laki-laki dan dua perempuan, berusia 34-64 tahun, dengan diagnosis tiga pasien dengan karsinoma gaster, dan satu pasien gastrointestinal stromal tumor gaster stadium lanjut. Terapi medik gizi praoperasi diberikan dalam bentuk oral dan parenteral. Pada enam jam sebelum tindakan operasi, dua pasien mendapatkan nutrisi parenteral, dan dua pasien mendapatkan nutrisi oral.

Pasien pascaoperasi juga mendapatkan nutrisi enteral dini dalam 48 jam pertama.

Hasil: Pasien pasca gastrektomi selama mendapatkan nutrisi perioperatif, tiga pasien mengalami proses penyembuhan luka yang baik, sedangkan satu pasien mengalami komplikasi pascaoperasi berupa fistula enterokutan yang kemudian mengalami pemulihan, dan satu pasien mengalami hiperglikemia dipengaruhi oleh tindakan pankreatektomi distal. Lama masa rawat inap pasien antara 21-31 hari. Semua pasien pascaoperasi mengalami peningkatan kapasitas fungsional.

.....Background: Patients with gastric malignancy have high risk of malnutrition. The main curative therapy in patients with gastric malignancies is surgery, so it requires the support of perioperative nutritional therapy which could support the improvement of nutritional status, functional capacity, and quality of life.

Methods: Patients in this case series were two men and two women, aged 34-64 years, and the diagnosis of three patients are advanced gastric carcinoma, and one patient with advanced gastric gastrointestinal stromal tumor. Preoperative nutritional therapy was given in oral and parenteral route. At six hours before surgery, two patients received parenteral nutrition, and two patients received oral nutrition. All patients also got early enteral nutrition in the first 48 hours after surgery.

Results: Patients after gastrectomy during obtaining perioperative nutrition, three patients experienced a good wound healing process, while one patient experienced postoperative complications in the form of enterocutaneous fistula which later recovered, and one patient experienced hyperglycemia that affected by distal pancreatectomy. The length of stay for patients was between 21-31 days, after surgery all patients had increased functional capacity.

Conclusion: Perioperative nutritional therapy in gastric malignancies patients undergoing gastrectomy could help improve the nutritional status and functional capacity.