

# Laparoskopi donor nefrektomi hidup di Rumah Sakit Cipto Mangunkusumo : nyeri pascaoperasi dan analisis pemulihan = Laparoscopic living donor nephrectomy in Cipto Mangunkusumo Hospital : postoperative pain and recovery analysis

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## Abstrak

### <b>ABSTRAK</b><br>

Laparoskopi donor nefrektomi hidup (LDNH) merupakan prosedur unik karena memengaruhi individu sehat. Dengan laparoskopi, nyeri masih dirasakan oleh pasien meskipun telah banyak berkurang. Studi ini bertujuan mengevaluasi nyeri pascaoperasi LDNH, serta pemulihan, dan faktor-faktor yang memengaruhinya. Penelitian ini adalah studi retrospektif noneksperimental dengan analisis deskriptif. Sampel diambil secara konsekutif di Rumah Sakit Cipto Mangunkusumo (RSCM). Kriteria eksklusi mencakup data tidak lengkap, riwayat nyeri kronik, dan konsumsi analgesik jangka panjang. Parameter yang dinilai meliputi data demografik dan data pascaoperasi. Dari bulan November 2011 hingga November 2015, terkumpul 277 pasien dengan median usia 30 (18-62) tahun dan rasio laki-laki:perempuan 9:4. Nyeri dinilai dengan Visual Analogue Scale (VAS) dan dikelompokkan menjadi nyeri ringan (0-2), sedang (3-4), dan berat (5-10). Didapatkan skor VAS pasca-LDNH hari-1 2(1-6), hari ke-2 2(0-4), dan hari ke-3 1(0-3). Perbaikan skor dari hari ke-1 hingga hari ke-3 signifikan ( $p < 0,001$ ). Nyeri berat hanya ditemukan pada hari ke-1 (2,2%). Metode anestesi yang digunakan, yaitu analgesik epidural (82,3%) dan kombinasi epidural-intravena (17,7%). Durasi analgesik epidural 2(1-7) hari, durasi kateterisasi 7(3-30) hari, durasi rawat inap 3(2-9) hari, kembali ke aktivitas normal 7(3-30) hari, dan kembali bekerja 14(6-90) hari. Terdapat hubungan yang signifikan antara VAS hari 1 dan 3 dengan relasi donor-resipien ( $p < 0,001$  dan  $p = 0,029$ ). VAS lebih tinggi ditemukan pada donor yang memiliki relasi dengan resipien. Kesimpulan penelitian ini adalah penanganan nyeri dan pemulihan pasien pasca-LDNH di RSCM sudah baik, dibuktikan dengan rendahnya skor VAS pascaoperasi dan baiknya parameter pascaoperasi. Nilai VAS berkorelasi dengan donor yang memiliki relasi, tetapi hal ini perlu diteliti lebih lanjut.

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### <b>ABSTRACT</b><br>

Laparoscopic living donor nephrectomy (LLDN) is a unique procedure as it can give impact to a healthy individual. Although postoperative pain in donor nephrectomy has been far reduced by laparoscopic technique, patients still can experience considerable pain. The aim of this study was to evaluate the LLDN postoperative pain and patients recovery as well as related factors. This study was non-experimental using descriptive analytic method with retrospective study design. Data of patients who underwent consecutive LLDN in Cipto Mangunkusumo Hospital were collected. Exclusion criteria were patients with incomplete data, history of chronic pain and long-term analgesic consumption. The parameters evaluated were demographic data (age, sex, body mass index, donor site, related or unrelated donor) and postoperative data (postoperative pain, types of analgesia, duration of catheterization, hospital length of stay, return to normal activities and return to work). Statistical analysis was carried out using SPSS version 20.0 with p-value less than 0.05 was considered statistically significant. From November 2011 to November 2015, there were 277

patients included with median age of 30 (18-62) years old and male-to-female ratio 9:4. LLDN postoperative pain was evaluated using Visual Analogue Scale (VAS) and classified to mild (0-2), moderate (3-4) and severe (5-10) pain. The VAS scores on day 1 were 2 (1-6), 2 (0-4) on the day 2, and 1 (0-3) on day 3 post LLDN. This value improved statistically significant from day 1 to day 3 ( $p < 0.001$ ). Severe pain was only found on the first day (2.2%). The most common analgesia technique used was epidural analgesia (82.3%), followed by combination of epidural and intravenous analgesia (17.7%). The postoperative data evaluated were duration of epidural analgesia (2 (1-7) days), duration of urethral catheterization (2 (1-5) days), length of hospital stay (3 (2-9) days), return to normal activities (7 (3-30) days), and return to work (14 (6-90) days). There were no significant relations between VAS scores in the day 1 and 3 with demographic and postoperative data ( $p > 0.05$ ), except in VAS for day 1 and 3 with donor-recipient relation ( $p < 0.001$  and  $p = 0.029$ ); higher VAS was found in kidney donors who were related rather than the unrelated ones. The postoperative pain of LLDN patients in Cipto Mangunkusumo Hospital is adequately managed by analgesia provided as shown by the low postoperative VAS scores. The recovery parameters for LLDN patients also show promising result based on short length of hospital stay, return to normal activities and return to work. Higher VAS score correlated with kidney donors who are related but further studies are still needed to support this finding.