

## Evaluasi Penerapan Protokol ERAS Pada Kasus Kolorektal di RSCM = Evaluation of Implementation of ERAS Protocol in Colorectal Surgery at Cipto Mangunkusumo Hospital

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### Abstrak

Latar Belakang: Protokol ERAS (Enhanced Recovery After Surgery) adalah sebuah strategi perioperatif berbasis bukti, yang terbukti dapat menurunkan lama perawatan pascaoperasi dan angka komplikasi pada kasus pembedahan di bidang kolorektal. Penerapan ERAS terdiri atas 15 komponen, namun evaluasi penerapan komponen ini bila dihubungkan dengan luaran masih belum jelas.

Metode: Studi retrospektif dilakukan kepada 63 pasien yang telah menjalani operasi elektif kolorektal berbasis protokol ERAS dari Januari 2015 hingga Desember 2017 di Rumah Sakit Cipto Mangunkusumo.

Karakteristik pasien, demografi, termuan klinis dan lama perawatan dikumpulkan dari rekam medis.

Hubungan antara jumlah komponen ERAS yang diterapkan dikaitkan dengan lama rawat dianalisis.

Hasil: Semua pasien diterapkan jumlah komponen ERAS hingga maksimal 11 komponen dari total 15 komponen. Usia rata-rata pasien adalah 53 tahun; 46% pasien laki-laki, dan 54% perempuan. Tidak ditemukan angka mortalitas. Angka morbiditas sebesar 7,9%, disebabkan oleh infeksi luka operasi 1,6%, pneumonia 1,6%, dan retensi urin 4,8%. Lokasi tersering dari tumor kolorektal adalah sigmoid (47%). Prosedur operasi yang paling sering dikerjakan adalah tutup kolostomi (25,4%). Terdapat hubungan yang bermakna antara jumlah penerapan komponen protokol ERAS dan lama perawatan pasca operasi. ( $p < 0.01$ ,  $r = 0,568$ ).

Kesimpulan: Semakin banyak jumlah komponen ERAS yang diterapkan ke satu pasien, semakin singkat lama perawatan pasca operasi.

Kata kunci: Enhanced Recovery After Surgery, Evaluasi, Kolorektal

.....Background. The enhanced recovery after surgery (ERAS) protocol in colorectal surgery has proven to be effective in reducing postoperative length of stay and perioperative complications rates in hospital. At Cipto Mangunkusumo Hospital, ERAS protocol for colorectal surgery has been known since 2015.

However, there has never been a program evaluation of the ERAS components that has been applied in relation to outcomes.

Method. Sixty-three colorectal patients who underwent surgical procedures from 2015 to 2017 were retrospectively evaluated for complete implementation of ERAS protocol. Complete implementation is defined as the ability to accomplish 15 ERAS components. Demographic, clinical data, and length of stay (LOS) were also collected from medical records.

Results. Up to 11 out of 15 ERAS components were implemented to 63 patients. The proportion of male was 46% compare to female was 54%. The average age was 53 years old; mortality rates 0%, morbidity rates 7,9% (surgical site infection 1,6%; pneumonia 1,6%; and urinary retention 4,8%). The most common location of tumor and procedure were sigmoid (47,6%), colostomy closure (25,4%). It is found that there is a relationship between the total number of components that are corresponding to ERAS protocol per subject and the average length of stay. The more number of ERAS components that are fulfilled per subject, the shorter the average length of subject visits became ( $p < 0,01$ ,  $r = 0,568$ ).

Conclusion. Cipto Mangunkusumo Hospital does not yet have an ERAS protocol for colorectal surgery, but has implemented 11 ERAS components out of a total of 15 ERAS components from Toronto as a perioperative management. The greater number of ERAS components that are applied to one subject, the shorter the postoperative care.

Keyword: Colorectal, enhanced recovery after surgery, evaluation