

Kelebihan Cairan sebagai Prediktor Kebocoran Kapiler pada Pasien Pascabedah Abdomen Mayor: Kajian terhadap Keseimbangan Cairan Kumulatif, Tekanan Vena Sentral, Rasio Albumin-Kreatinin Urin dan Indeks Kebocoran Kapiler = Fluid Overload as A Predictor of Capillary Leakage in the Patient of Postoperative Abdomen Mayor Surgery : Study of Cumulative Fluid Balance, Central Venous Pressure, Urine Albumin-Creatinine Ratio and Capillary Leak Index

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Abstrak

Latar Belakang: Pasien pascabedah abdomen mayor seringkali berhubungan dengan terjadinya general increase permeability sindrom akibat kelebihan cairan selama selama durate operasi dan pada saat perawatan pascabedah. Tujuan dari penelitian ini adalah ingin membuktikan apakah keseimbangan cairan kumulatif, tekanan vena sentral dan rasio albumin-kreatinin urin dapat digunakan sebagai prediktor kebocoran kapiler.

Metode: Penelitian ini merupakan penelitian kohort prospektif dengan subjek penelitian adalah pasien dewasa yang menjalani tindakan bedah abdomen mayor. Dilakukan pemeriksaan keseimbangan cairan kumulatif, tekanan vena sentral, rasio albumin-kreatinin urin dan indeks kebocoran kapiler, pada saat sebelum induksi anestesi, 48 jam dan 72 jam pasca bedah.

Hasil: Pada penelitian ini didapatkan nilai titik potong dari indeks kebocoran kapiler 155 (AUC 0,013, sensitifitas 100% dan spesifisitas 74,50%). Analisis dengan Generalized Estimating Equations didapatkan tekanan vena sentral menunjukkan hubungan tidak bermakna dengan indeks kebocoran kapiler (OR 1,62 ; CI 95% = 0,92 – 2,83), sedangkan keseimbangan cairan kumulatif dan rasio albumin kreatinin urin menunjukkan hubungan yang bermakna dengan indeks kebocoran kapiler (OR = 2,561 ; CI 95% = 1,352-4,850 dan OR = 2,017 ; CI 95% = 1,086-3,749). Faktor skor SOFA terkategori sepsis juga mempunyai hubungan dengan indeks kebocoran kapiler (OR = 2,764 ; CI 95% = 1,244-6,140).

Kesimpulan: Kelebihan cairan kumulatif, rasio albumin kreatinin urin dan skor SOFA terbukti dapat digunakan untuk memprediksi kebocoran kapiler.

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Background: Patients after major abdominal surgery are often associated with the occurrence of general increase in permeability syndrome due to excess fluid during surgery and during postoperative care. The purpose of this study was to prove whether cumulative fluid balance, central venous pressure and urine albumin-creatinine ratio of urine can be used as predictors of capillary leakage.

Method: This study is a prospective cohort study with research subjects as adult patients undergoing major abdominal surgery. Cumulative fluid balance, central venous pressure, urine albumin-creatinine ratio and capillary leak index were examined, before anesthesia induction, 48 hours and 72 hours postoperatively.

Result: In this study, a cut-off point from the capillary leak index 155 (AUC 0.013, sensitivity 100% and specificity 74.50%) was obtained. Generalized Estimating Equations analysis showed that the central venous pressure showed no significant relationship with the capillary leak index (OR 1.62; 95% CI = 0.92 - 2.83), while cumulative fluid balance and urine albumin : creatinin ratio showed a significant association with

capillary leak index (OR = 2.561; 95% CI = 1.352-4.850 and OR = 2.017; 95% CI = 1,086-3,749) Sepsis categorized SOFA score factors also have a relationship with capillary leak index (OR = 2.764; 95% CI = 1,244-6,140).

Conclusion: Cumulative fluid overload, urine creatinine albumin ratio and SOFA score have been shown to predict capillary leakage.