

Pengaruh hipotensi intrabedah terhadap kejadian delirium pascabedah pada pasien geriatri: kajian terhadap nilai tekanan darah, durasi dan penambahan topangan kardiovaskular = Effect of intraoperative hypotension on the incidence of postoperative delirium in geriatric patients: a study of blood pressure values, duration and provision of cardiovascular support

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Abstrak

Salah satu komplikasi pascabedah yang sering dialami pasien geriatri adalah delirium. Insiden delirium pascabedah sangat beragam berkisar 3,6-28,3% dari seluruh pembedahan elektif. Delirium pascabedah berkaitan erat dengan komorbiditas, mortalitas dan peningkatan biaya serta lama perawatan di Rumah Sakit, oleh karena itu pencegahan terhadap kejadian delirium merupakan hal yang penting. Tekanan darah yang rendah dapat menyebabkan hipoperfusi area korteks dan subkorteks serebral. Keadaan ini diduga dapat menyebabkan terjadinya delirium. Adanya abnormalitas perfusi lobus frontal dan parietal otak juga diduga berhubungan erat dengan timbulnya delirium. Masih terdapat kontroversi terhadap pengaruh dari hipotensi intrabedah terhadap kejadian delirium. Penelitian ini bertujuan untuk mengetahui hubungan antara hipotensi intrabedah terhadap kejadian delirium pascabedah pada pasien geriatri. Metode : Penelitian ini merupakan penelitian kohort prospektif terhadap 134 subjek penelitian selama Januari-April 2022 yang dialokasikan ke dalam kelompok dengan hipotensi (n=67) dan tanpa hipotensi (n=67) dikaji dari nilai tekanan darah, durasi hipotensi, dan pemberian topangan kardiovaskular. Penelitian menggunakan uji fungsi kognitif berupa CAM (Confusion Assesment Method) yang dilakukan 24 jam pascabedah.

Hasil : Pada penelitian ini didapatkan proporsi kejadian delirium pascabedah dikaji dari nilai tekanan darah (Tekanan darah sistolik <90 mmHg dan Tekanan darah rerata <65 mmHg), durasi, dan pemberian topangan kardiovaskular bermakna secara statistik ($p < 0.05$). Insidens kejadian delirium pascabedah pada pasien geriatri adalah 36.5%.

Kesimpulan : Terdapat hubungan antara hipotensi intrabedah terhadap kejadian delirium pascabedah pada pasien geriatri dikaji dari nilai tekanan darah, durasi, dan pemberian topangan kardiovaskular.

.....One of the postoperative complications that are often experienced by geriatric patients is delirium. The incidence of postoperative delirium varies widely, ranging from 3.6 to 28.3% of all elective surgeries. Postoperative delirium is closely related to comorbidities, mortality and increased costs and length of hospital stay, therefore prevention of delirium is important. Low blood pressure can cause hypoperfusion of the cerebral cortex and subcortical areas. This situation is thought to cause delirium. The presence of perfusion abnormalities of the frontal and parietal lobes of the brain is also thought to be closely related to the onset of delirium. There is still controversy about the effect of intraoperative hypotension on the incidence of delirium. This study aims to determine the relationship between intraoperative hypotension and the incidence of postoperative delirium in geriatric patients.

Methods : This study is a prospective cohort study of 134 study subjects during January-April 2022 who were allocated to groups with hypotension (n=67) and without hypotension (n=67) assessed from the value of blood pressure, duration of hypotension, and cardiovascular support. The study used a cognitive function

test in the form of CAM (Confusion Assessment Method) which was carried out 24 hours after surgery.

Results : In this study, the proportion of postoperative delirium incidence was assessed from the value of blood pressure (systolic blood pressure <90 mmHg and mean blood pressure <65 mmHg), duration, and the provision of cardiovascular support was statistically significant ($p < 0.05$). The incidence of postoperative delirium in geriatric patients is 36.5%.

Conclusion : There is a relationship between intraoperative hypotension and the incidence of postoperative delirium in geriatric patients assessed from the value of blood pressure, duration, and the provision of cardiovascular support.