

Uji Diagnostik Venous Clinical Severity Score dengan Klasifikasi Clinical Etiology-Anatomy-Pathophysiology pada Varises Vena Tungkai Bawah Perawat Ruang Operasi = Venous Clinical Severity Score Diagnostic Test with Clinical-Etiology-Anatomy-Pathophysiology Classification in Varicose Veins of the Lower Limb of Operating Room Nurse

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Abstrak

Latar Belakang: Dalam diagnosis varises vena tungkai bawah (VVTB), venous clinical severity score (VCSS) merupakan alat bantu diagnosis VVTB yang praktis, cepat, dan dapat dikerjakan oleh semua tenaga kesehatan termasuk perawat. Hingga saat ini belum ada peneliti yang melakukan validasi eksterna penilaian VCSS yang dikerjakan oleh perawat di Indonesia.

Tujuan: Mengetahui tingkat ketepatan metode skor VCSS oleh perawat dibandingkan dengan komponen klinis (C) klasifikasi clinical-etiology-anatomy-pathophysiology (CEAP) oleh dokter spesialis bedah vaskular.

Metode: Studi cross-sectional ini mengikutsertakan 63 orang perawat instalasi bedah pusat RS Dr. Cipto Mangunkusumo tanpa varises sebelum menjadi perawat sebagai sampel yang diambil secara consecutive. Penilaian VCSS dilakukan dengan komponen klinis klasifikasi CEAP sebagai pembanding. Variabel dianalisis dengan uji Chi-square, dilanjutkan dengan uji nilai sensitivitas, spesifisitas, nilai duga positif (NDP), nilai duga negatif (NDN), likelihood ratio dan akurasi skor diagnostik, termasuk analisis uji diagnostik menggunakan indeks Youden.

Hasil: Prevalensi VVTB pada studi ini berdasarkan skor VCSS adalah 9,5%. Korelasi antara klasifikasi CEAP dan VCSS ditemukan bermakna ($p < 0,05$). Derajat VVTB antara klasifikasi CEAP dan VCSS berhubungan secara signifikan ($p < 0,05$). Pada cut-off VCSS 2 didapatkan nilai sensitivitas 66,67%, spesifisitas 66,67 %, NDP 32,0%, NDN 89,47%, likelihood ratio (+) sebesar 2,00, likelihood ratio (-) sebesar 0,50, dan akurasi 66,67%.

Kesimpulan: Skor VCSS memiliki akurasi lemah terhadap komponen klinis (C) klasifikasi CEAP untuk menegakkan diagnosis VVTB.

.....**Background:** In the diagnosis of lower leg varicose veins (LLVV), the venous clinical severity score (VCSS) is practical, fast, and can be done by all health workers including nurses. Until now there has been no researcher who has conducted external validation of the VCSS assessment carried out by nurses in Indonesia.

Aim: To determine the accuracy of the VCSS scoring method by nurses compared to clinical component (C) of the clinical-etiology-anatomy-pathophysiology (CEAP) classification by vascular surgeons.

Method: This cross-sectional study included 63 nurses at the central surgical installation of Cipto Mangunkusumo Hospital without varicose veins before becoming a nurse as a consecutive sample. The VCSS assessment was carried out with the clinical component of CEAP classification as a comparison. Variables were analyzed by the Chi-square test. Followed by testing the value of sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), likelihood ratio, and accuracy of

diagnostic scores, along with the ROC analysis using Youden Index.

Results and Discussion: The prevalence of LLVV in this study is 9,5%. Bivariate analysis of CEAP and VCSS has a significant correlation ($p < 0,05$). The degree of LLVV with CEAP and VCSS is related significantly ($p < 0,05$). With VCSS cut off at scores of 2, the sensitivity is 66.67%, the specificity is 66.67%, the PPV is 32,0%, the NPV is 89.47%, the positive and negative likelihood ratio are 2.00 and 0.50, and the accuracy value is 66.67%.

Conclusion: The VCSS score has weak level of accuracy against the clinical component (C) of CEAP classification for diagnosing VVTB.