Prediktor mortalitas pada bedah pintas koroner : di rumah Sakit Jantung Harapan Kita

Muhammad Zaini, author

Abstrak

ABSTRAK
Telah dilakukan penelitian secara retrospektif terhadap 260 penderita yang menjalani bedah pintas koroner di Rumah Sakit Jantung Harapan Kita antara bulan Maret 1986 sampai dengan 31 Maret 1990 untuk mencari variabel prognostik mortalitas bedah.

Tiga puluh satu variabel prabedah yang terdiri dart 24 variabel klinis, 7 variabel kateterisasi-angiografi; dan 6 variabel intrabedah, telah diuji secara univariat dengan analisa "Kai-kuadrat" atau "Fisher's exact" dan selanjutnya secara multivariat dengan "Forward stepwise selection".

Dari 24 variabel klinik yang dianalisa secara univariat hanya 4 variabel yang bermakna yaitu kelas angina, riwayat CHF, aritmia dan kreatinin. Dari 7 variabel kateterisasi-angiografi tidak satupun yang bermakna. Dari 6 variabel bedah hanya 3 variabel yang bermakna secara univariat yaitu prioritas bedah, lama klem aorta dan endarterektomi. Dari 4 variabel klinik dan 3 variabel bedah yang bermakna tersebut, dengan analisa multivariat hanya 3 variabel yang bermakna yaitu prioritas bedah (p=0,0002), lama klem aorta (p=0,019) dan kreatinin serum (p=0,049).

Mortalitas bedah meningkat dengan tindakan urgensi--emergensi (mortalitas elektif 5,7%, mortalitas urgensi 28,0% dan mortalitas emergensi 57,1%). Lama klem aorta juga mempengaruhi mortalitas (mortalitas lame klem aorta < 52 menit 2%, antara 52-70 menit 4,9%, antara 71-96 menit 10,0% dan > 96 menit 22,9%). Kadar kreatinin > 2 mg% menyebabkan mortalitas meningkat (pada kadar kreatinin serum > 2 mg% mortalitasnya 60%).

Sebagai kesimpulan bahwa kadar kreatinin serum yang tinggi, pernbedahan secara urgensi-emergensi, dan lama klem aorta yang panjang akan meningkatkan mortalitas bedah.
<hr></i>ABSTRACT
A retrospective study on 260 patients who underwent bypass surgery at the Harapan Kiita National Cardiac Center from March 1986 up to March 1990 was undertaken to determine the prognostic variable in surgical mortality.

Thirty one preoperative variables comprising of 24 clinical, 7 coronary angiographies and 6 intraoperative variables were tested using univariate analysis with chi-square or Fisher's exact followed by multivariate analysis using Forward Stepwise Selection.

Of 24 variables analyzed using univariate analysis only 4 were significant, namely angina class, history of

CHF, arrhythmias and creatinine.

Of the 7 angiographies variables, not even one was significant ; whereas of 6 surgical variables, only 3 were significant, that is priority of surgery, duration of aortic clamp and endarterectomy.

From 4 clinical and 3 surgical variables which were significant, using multivariate analysis, only 3 were significant: priority of surgery (p=0,0002), duration of aortic clamp (p=0,019), and serum creatinine (p=0,049).

Surgical mortality increased with urgency-emergency procedures (elective mortality 5,7%, urgency mortality 28,0% and emergency mortality 57,1%). Duration of aortic clamp also influenced mortality (aortic cross clamp < 521,2%; between 71-96',10,0% ; and > 96',22,9%). 96',22,9%). Serum creatinine level exceeding 2 mg% increased mortality (at a serum creatinine level of > 2 mg%, mortality was 60%).

In conclusion, a high serum creatinine level, an urgency-emergency surgical procedure, and the duration of aortic clamp time will increase surgical mortality.</i>