

Perbandingan luaran klinis, length of stay, nyeri pascaoperasi antara Enhanced Recovery After Surgery dan protokol konvensional pada Unilateral Total Knee Replacement: Sebuah uji klinis acak tersamar tunggal = Comparison of clinical outcomes, length of stay, postoperative pain between Enhanced Recovery After Surgery and conventional protocol in Unilateral Total Knee Replacement: A Single-blind randomized clinical trial

Marvin Pili, author

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Abstrak

Pendahuluan: Enhanced Recovery After Surgery (ERAS) bertujuan untuk menstandarisasi manajemen perioperatif dan meningkatkan luaran klinis. Implementasi ERAS pada total knee replacement (TKR) mengurangi mortalitas, transfusi, komplikasi, dan length of stay (LOS) tanpa mempengaruhi readmisi. Studi ini bertujuan mengevaluasi ERAS pada pasien TKR unilateral di Indonesia.

Metode: Penelitian ini menggunakan desain klinis acak tersamar tunggal di RSUPN Dr. Cipto Mangunkusumo dan RS Fatmawati, Jakarta, dengan 55 pasien TKR unilateral berusia 60-70 tahun dengan OA grade III-IV sebagai subjek. Metode analisis data melibatkan SPSS dengan uji normalitas, Chi-square, T tidak berpasangan, dan Mann Whitney untuk menilai efektivitas ERAS dibandingkan dengan protokol konvensional.

Hasil: Hasil menunjukkan bahwa protokol ERAS meningkatkan skor Knee Special Score (KSS) ( $p=0,001$ , mean difference=4,09) dan Oxford Knee Score (OKS) ( $p<0,001$ , mean difference=4,98), serta mengurangi durasi rawat inap ( $p<0,001$ , mean difference=-2,15 hari) dan nyeri pascaoperasi ( $p<0,001$ , mean difference=-2,01) dibandingkan protokol konvensional. Faktor pre-operatif dan post-operatif seperti usia, komorbiditas, dan mobilisasi dini memberikan pengaruh terhadap durasi lama rawat inap. ERAS efektif menurunkan nyeri pascaoperasi dan meningkatkan skor KSS serta OKS. Integrasi edukasi praoperatif, manajemen nyeri, mobilisasi dini, dan perawatan perioperatif komprehensif meningkatkan hasil fungsional. Kesimpulan: Program ERAS secara signifikan memperbaiki skor KSS, OKS, mengurangi durasi rawat inap, dan menurunkan nyeri pascaoperasi pada pasien TKR unilateral dibandingkan protokol konvensional.

.....Introduction: Enhanced Recovery After Surgery (ERAS) aims to standardize perioperative management and improve clinical outcomes. ERAS implementation in total knee replacement (TKR) reduces mortality, transfusions, complications, and length of stay (LOS) without affecting readmissions. This study aims to evaluate ERAS in unilateral TKR patients in Indonesia.

Methods: This study utilized a single-blind randomized clinical trial design at RSUPN Dr. Cipto Mangunkusumo and RS Fatmawati, Jakarta, involving 55 unilateral TKR patients aged 60-70 years with grade III-IV OA. Data analysis methods included SPSS, normality tests, Chi-square, independent T-tests, and Mann Whitney tests to evaluate the effectiveness of ERAS compared to conventional protocols.

Result: The results show that the ERAS protocol improves Knee Society Score (KSS) ( $p=0.001$ , mean difference=4.09) and Oxford Knee Score (OKS) ( $p<0.001$ , mean difference=4.98) scores, reduces length of stay ( $p<0.001$ , mean difference=-2.15 days), and decreases postoperative pain ( $p<0.001$ , mean difference=-2.01) compared to conventional protocols.

Discussion: Pre-operative and post-operative factors such as age, comorbidities, and early mobilization influence the length of stay. ERAS effectively reduces postoperative pain and improves KSS and OKS scores. Integrating preoperative education, pain management, early mobilization, and comprehensive perioperative care enhances functional outcomes.

Conclusion: The ERAS program significantly improves KSS, OKS scores, reduces length of stay, and decreases postoperative pain in unilateral TKR patients compared to conventional protocols.