

Faktor-faktor yang memengaruhi keberhasilan dekanulasi trakeostomi di Departemen THT-BKL RSUPN Dr. Cipto Mangunkusumo = Factors affecting the success of tracheostomy decannulation in ENT Department of RSUPN Dr. Cipto Mangunkusumo

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Abstrak

Latar Belakang

Trakeostomi apabila digunakan berkepanjangan dapat meningkatkan resiko komplikasi lanjutan sehingga dekanulasi menjadi suatu prosedur penting. Beberapa faktor yang dianggap mempengaruhi keberhasilan dekanulasi antara lain efektivitas batuk, refleks menelan, etiologi kegagalan respirasi, dan komorbid. Sampai saat ini, tidak ada kriteria pasti kapan kanul trakeostomi harus dilepas. Departemen THT-BKL RSCM menggunakan kriteria Fiberoptic Endoscopic Evaluation of Swallowing dan Standarized Endoscopic Evaluation for Tracheostomy Decannulation. Tujuan dari penelitian ini adalah mengetahui hubungan penggunaan kriteria FEES dan SESETD serta berbagai faktor lain dengan keberhasilan dekanulasi trakeostomi.

Metode

Studi cross sectional dilakukan menggunakan rekam medik pasien trakeostomi di Departemen THT-BKL RSCM pada tahun 2019—2024. Sampel diambil dengan metode total population guna mengetahui proporsi dekanulasi trakeostomi. Data karakteristik pasien dan penggunaan kriteria diuji menggunakan uji Chi-square dan Mann-Whitney untuk mengetahui hubungannya dengan keberhasilan dekanulasi trakeostomi.

Hasil

Prevalensi dekanulasi selama 5 tahun adalah 31,3%. Pelaksanaan dekanulasi ditemukan berhubungan dengan kelainan parese pita suara. Karakteristik pasien dekanulasi meliputi median usia 38,43 tahun, 57,7% pria, median IMT 21,8 kg/m² dengan 42,3% normal, 66% tanpa komorbid, 71,1% penyakit primernya non neurologis, 58,8% ditrakeostomi karena sumbatan jalan napas, dan median durasi trakeostomi 222 hari. Dari 97 pasien yang didekanulasi, 59 menggunakan kriteria dan 38 tidak. Hasil uji bivariat adalah $P=0,017$ dengan OR 4,267 dan 95%CI 1,210-15,055. Dengan uji multivariat, penggunaan kriteria dan komorbid didapat masing-masing berhubungan signifikan.

Kesimpulan

Terdapat hubungan yang bermakna antara penggunaan kriteria FEES dan SESETD serta komorbid dengan keberhasilan dekanulasi trakeostomi di RSCM. Studi selanjutnya sebaiknya menganalisis lebih lanjut mengenai jenis komorbid yang berhubungan, begitu pula variabel lain seperti neoplasma dan sepsis.

.....Introduction

Prolonged use of a tracheostomy can increase the risk of complications, making decannulation a critical procedure. Several factors are considered to influence the success of decannulation, including cough effectiveness, swallowing reflex, the aetiology of respiratory failure, and comorbidities. However, there are currently no definitive criteria that clearly define the optimal timing for tracheostomy tube removal. The ENT Department at RSCM employs criteria such as Fiberoptic Endoscopic Evaluation of Swallowing and the Standardized Endoscopic Evaluation for Tracheostomy Decannulation. The aim of this study is to

evaluate the relationship between the use of those criteria, along with other factors, and the success of tracheostomy decannulation. Method

A cross-sectional study was conducted using medical records of tracheostomy patients at the ENT-HNS Department of RSCM from 2019 to 2024. The sample was taken using a total population method to determine the proportion of tracheostomy decannulation. Patient characteristics and the use of criteria were tested using Chi-square and Mann-Whitney tests to determine their association with decannulation success.

Results

The prevalence of decannulation over 5 years is 31.3%. Decannulation was found to be associated with vocal cord paresis. Characteristics of decannulated patients were as follows: median age of 38.43 years, 57.7% male, median BMI of 21.8 kg/m² with 42.3% in the normal range, 66% without comorbidities, 71.1% with non-neurological primary diseases, 58.8% tracheostomized due to airway obstruction, and a median tracheostomy duration of 222 days. Among the 97 decannulated patients, 59 used the criteria and 38 did not. The bivariate test results showed $P=0.017$ with OR 4.267 and 95%CI 1.210-15.055. Multivariate analysis indicated that the use of criteria and comorbidities were each significantly associated with decannulation success.

Conclusion

There is a significant association between the use of FEES and SESETD criteria, as well as comorbidities, and the success of tracheostomy decannulation at RSCM. Future studies should further investigate the specific types of comorbidities involved, as well as other variables such as neoplasms and sepsis.