Perbandingan efektifitas penekanan bantal pasir antara 2, 4 dan 6 jam terhadap komplikasi pada klien paska kateterisasi jantung: a randomized controlled trial = A comparassion effectivness mechanical pressure in patient having cardiac catheterization sandbag compression two, four and six hours to reduced complications: a randomized controlled trial

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Abstrak

Angiografi koroner dan PCI/PTCA transfemoral, dapat menimbulkan komplikasi perdarahan dan haematom. Penggunaan bantal pasir 2,3 kg sebagai penekan mekanikal dapat meminimalkan insiden perdarahan dan haematom, akan tetapi penggunaan bantal pasir 2,3 kg terlalu lama dapat menimbulkan rasa tidak nyaman bagi klien. Penelitian ini bertujuan untuk mengetahui perbandingan efektifitas penekanan mekanikal dengan bantal pasir 2,3 kg antara 2, 4 dan 6 jam terhadap insiden perdarahan, haematom dan rasa tidak nyaman. Metode penelitian randomized controlled trial desain paralel tanpa matching.
Metode sampling randomisasi dengan random blok. Jumlah sampel 90 orang, kelompok intervensi I 30 orang, intervensi II 30 orang dan kontrol 30 orang. Kelompok intervensi I menggunakan bantal pasir 2,3 kg selama 2 jam, kelompok intervensi II selama 4 jam dan kelompok kontrol selama 6 jam. Observasi dan pengukuran dilakukan setiap 2 jam pada semua kelompok, alat ukur yang digunakan lembar observasi, tensi digital terkalibrasi, monofilamen dan keluhan rasa tidak nyaman.
Hasil penelitian tidak ada responden yang mengalami perdarahan pada semua kelompok, tidak ada perbedaan insiden haematom diantara kelompok (p value = 0,866). Ada perbedaan signifikan tingkat rasa nyaman diantara kelompok pada observasi 4 jam (p value = 0,003) dan pada observasi 6 jam (p value = 0,0005). Perlu modifikasi SOP tentang penggunaan bantal pasir 2,3 kg sebagai penekan mekanikal dari 6 jam menjadi 2 jam. Penggunaan bantal pasir 2,3 kg 2 jam tidak meningkatkan insiden perdarahan dan haematom, akan tetapi meningkatkan rasa nyaman klien.
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Angiography coroner and PTCA with transfemoral approach of catheter commonly having vascular complications, such as bleeding and hematoma. Using a 2,3 kg sandbag as a mechanical compression to minimize incidence of bleeding and hematoma in a longer period of compression would have side effect that increase patient discomfort. This study was aim at evaluating the different effects of putting a sandbag 2,3 kg between two, four, and six hours on femoral access site after cardiac invasive procedure toward vascular complications rate and the severity of discomfort level.
The research design was randomized control trial study where 90 patients were included and divided randomly into three different groups. A 2,3 kg sandbag was applied for two hours, four hours, and six hours after sheath removal, to the first, second, and third group respectively. Every 2 hours until 6 hours the observation of bleeding, hematoma and discomfort for each groups were taken with sphygmomanometer digital, monofilament and the observation sheets.
The result of study demonstrated that no patient has any bleeding as a complication of procedure, and there is no significant differences incidence of hematoma between groups (p value = 0,866), however there is significant differences the client experienced of discomfort were found after 4 hours using 2,3 kg sandbag

on femoral access site as a mechanical pressure (p value = 0,003), and after 6 hours (p value = 0,0005). As a research recommendation a of SOP is required from six hours becomes two hours in using a 2,3 kg sandbag as a mechanical pressure.