

## **Tata laksana nutrisi perioperatif pada keganasan saluran cerna = Perioperative nutritional support in gastrointestinal tract cancer**

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### **Abstrak**

Studi serial kasus ini bertujuan untuk mengetahui pengaruh tata laksana nutrisi perioperatif pada pasien kanker saluran cerna yang menjalani pembedahan elektif dalam menurunkan angka morbiditas dan lama rawat di rumah sakit. Tindakan pembedahan yang dilakukan pada pasien kanker saluran cerna yang sudah mengalami malnutrisi berkaitan dengan serangkaian reaksi inflamasi yang berpotensi memperberat kondisi malnutrisi yang pada akhirnya memperberat gangguan sistem imun. Studi kasus dilakukan terhadap empat pasien dewasa dengan malnutrisi yang direncanakan menjalani pembedahan elektif akibat kanker saluran cerna di divisi Bedah Digestif Departemen Bedah RSUPN dr. Cipto mangunkusumo. Dukungan nutrisi diberikan semenjak periode pra pembedahan sampai dengan periode pasca pembedahan. Penentuan kebutuhan dihitung dengan menggunakan rumus Harris Benedict. Protein diberikan sebesar 1,8?2 g/kgBB kecuali pada satu orang pasien diberikan sebesar 0,8 g/kgBB/hari karena adanya gagal ginjal kronis. Lemak diberikan sebesar 25% dan sisanya berupa karbohidrat. Mikronutrien yang diberikan berupa kapsul multivitamin-multimineral. Hasil studi ini mendapatkan bahwa bahwa pemberian dukungan nutrisi perioperatif yang optimal dapat mempertahankan fungsi fisiologis, berat badan dan kapasitas fungsional serta memberikan kontrol glikemik yang baik pada periode pra pembedahan dan memperbaiki berbagai parameter status nutrisi termasuk fungsi imun pasca pembedahan walaupun tidak didapatkan peningkatan berat badan.

.....This case series study aimed to investigate the effect of perioperative nutritional support in gastrointestinal cancer patients who underwent elective surgery in reducing morbidity and and length of hospitalization. Surgery which was performed in patients with gastric cancer who had experienced malnutrition associated with a series of inflammatory reactions that could potentially aggravate the condition of malnourished which in turn aggravate the immune system disorders. The case study was carried out on four adult patients suffer from malnutrition due to elective surgery for gastric cancer at the Surgical Division of The Department of Digestive Surgery RSUPN dr. Cipto Mangunkusumo. The nutritional support was gave since the preoperative to postoperative period. Determination of energy needs was calculated using the Harris benedict equation. Protein was given by 1.8 to 2 g/kg body weight/day except in one patient given at 0.8 g/kg body weight/day due to chronic renal failure. Fats were given by 25% and the rest were given as carbohydrate. Micronutrient was given in the form of multivitamin-multimineral capsule. The results of this study found that the provision of perioperative nutritional support could maintain optimal preoperative physiological function, body weight and functional capacity as well as provide good glycemic control and improve the nutritional status parameters including immune function after surgery although there were not increased in body weight.