Tatalaksana komprehensif terapi medik gizi klinik perioperatif pasien anak dengan pembedahan intraabdomen = Comprehensive management of perioperative medical clinical nutrition therapy in intraabdominal pediatric surgery

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Abstrak

[Latar Belakang: Lama puasa prabedah mempengaruhi outcome pascabedah. Saat ini, pasien bedah anak masih dipuasakan lebih lama dari yang direkomendasikan. Sementara itu, belum ada rekomendasi dimulainya pemberian nutrisi enteral pascabedah.
Metode: Dilakukan penilaian pada pasien anak yang menjalani pembedahan intraabdomen. Hal yang dinilai meliputi skrining gizi dengan berbagai metode, status gizi prabedah, lama puasa prabedah, jenis pembedahan, dimulainya nutrisi enteral pascabedah, pencapaian kalori total dan asupan protein, serta perbaikan kapasitas fungsional.
Hasil: Pembedahan terdiri atas nonreseksi dan reseksi usus, masing-masing 2 kasus. Status gizi prabedah pasien pertama dan kedua malnutrisi ringan, sementara pasien ketiga dan keempat malnutrisi sedang. Rerata lama puasa prabedah berturut-turut 16 dan 7,5 jam untuk nonreseksi usus serta 17 dan 7 jam untuk reseksi usus. Semua pasien berada memiliki ASA 2. Pemberian nutrisi enteral dimulai berturut-turut 6 dan 4 jam pascabedah pada nonreseksi, serta hari ke-3 pascabedah pada kasus reseksi usus. Asupan kalori total tercapai berturut-turut pada hari ke-5 dan ke-9 pascabedah pada kasus nonreseksi, serta hari ke-5 dan ke-7 pada reseksi usus. Kebutuhan protein para pasien tercapai berturut-turut pada hari ke-3, 5, 7, dan 9 pascabedah untuk pasien terakhir. Perbaikan kapasitas fungsional pasien terjadi berturut-turut pada hari ke-6, 3, 6, dan ke-8 pascabedah pada pasien pertama, kedua, ketiga, dan keempat.
Kesimpulan: Dengan tatalaksana komprehensif terapi medik gizi klinik perioperatif pasien bedah anak, dapat mencegah komplikasi bedah dan mempercepat pemulihan kapasitas fungsional.
Background: Presurgery fasting time affects the surgery outcome. Nowadays, fasting in pediatric surgery patients are longer than recommended. However, there is no recommendation of the enteral feeding initiation after surgery.
Method: The serial case assessed pediatric intarabdominal surgery patients. They were reviewed for nutritional scorings, presurgery nutritional status, presurgery fasting time, type of surgery, the time the enteral feedings intiatiation, the time to meet the requirement of total calories and protein intake, and the improvement of functional capacity.
Results: Four cases were divided to non- and intestinal resection, 2 cases each. The nutritional status of the first and second patient were mild malnutrition, while the third and the fourth were moderate malnutrition. Mean fasting time were 16 and 7.5 hours in nonresection, while the other were 17 and 7 hours. All patients had 2 ASA scores. The enteral feeding were initiated at 6 and 4 hours after surgery in nonresection, and at day 3 and 4 after surgery in resection case. The total calories were fulfilled at day 5 and 9 after surgery in nonresection, at day 5 and 7 in the other case. The protein intake met total requirement in patients at day 3, 5, 7, and 9 after surgery, respectively. The improvement of maximal functional capacity occured at day 6, 3, 6, and, respectively.

Conclusion: Comprehensive perioperative medical clinical nutrition management results in improving wound healing process and the functional capacity.;Background:
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