

Hasil Percutaneous Transluminal Angioplasty (PTA) untuk tatalaksana stenosis fistula hemodialisa = Outcome of Percutaneous Transluminal Angioplasty (PTA) for management of stenosis fistula of hemodialysis

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Abstrak

ABSTRAK
Latar belakang Penderita gagal ginjal kronis hidupnya bergantung dengan hemodialisa rutin, untuk mendapatkan hasil maksimal dibutuhkan akses hemodialisa yang baik. Arteri vena fistula merupakan akses yang paling baik, namun akses ini mudah mengalami stenosis. Penanganan yang terbaik pada masalah stenosis AVF adalah dengan percutaneous transluminal angioplasty venografi/venoplasti . Di RSCM sejak tahun 2013 sudah berkembang tindakan ini, namun belum ada data dan evaluasi keberhasilannya. Penelitian ini dilakukan untuk evaluasi keberhasilan venoplasti dalam penanganan stenosis AVF. Metode Penelitian ini menggunakan Studi Kohort Retrospektif untuk menilai Outcome Tindakan Percutaneous Transluminal Angioplasty Venografi dan Venoplasti pada Stenosis AVF penderita Gagal Ginjal Kronis. Penelitian dilakukan di Bangsal Divisi Bedah Vaskular dan Endovaskular serta di Pusat Jantung Terpadu PJT serta instalasi rekam medik RSCM serta RS Jejaring RS Hermina, selama periode dari 1 Desember 2016 sampai 31 Mei 2017 dengan melakukan penilaian terhadap karakteristik demografi, penyakit dasar, penilaian hasil venografi venoplasti dan hasil USG. Variabel independen yaitu umur, jenis kelamin, penyakit dasar, gejala klinis, jenis AVF, lokasi stenosis. Variabel dependen adalah keberhasilan venoplasti dinilai dengan diameter residual stenosis. Data dianalisis secara statistik dengan $p = 0,05$. Hasil Karakteristik penderita GGK dengan stenosis AVF didapatkan sebagian besar pada kelompok umur lebih 50-60 tahun 40,9 , 59 berjenis kelamin laki-laki dan penyakit dasar paling banyak disebabkan hipertensi 93,9 dan diabetes mellitus 42,4 . Dari analisa demografi didapatkan hubungan yang bermakna antara umur dengan besaran stenosis AVF, untuk jenis kelamin didapatkan hubungan yang bermakna antara jenis kelamin dengan besaran stenosis AVF, dimana perempuan lebih buruk gambaran stenosisnya dibanding laki-laki. Tidak terdapat hubungan bermakna antara Penyakit Dasar dengan gambaran Besaran Stenosis AVF dari hasil Venografi . Tidak terdapat hubungan bermakna antara Lokasi Stenosis AVF dengan besaran Stenosis dari Venografi. Tidak terdapat hubungan bermakna antara besaran stenosis pada Venografi dengan hasil tindakan Venografi. Terdapat hubungan bermakna antara Lokasi Stenosis AVF dengan keberhasilan tindakan Venoplasti. Terdapat peningkatan yang bermakna untuk hasil pemeriksaan USG: diameter draining vein, volume flow dan peak systolic velocity terhadap hasil tindakan venoplasti setelah tindakan atau 3 Bulan pasca tindakan.

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ABSTRACT

Background Patients with chronic renal failure CRF are dependent on routine hemodialysis, in order to obtain maximum results required access to a good hemodialysis. Fistula vein artery is the best access, but this access is easy to have stenosis. The best treatment for AVF stenosis is percutaneous transluminal angioplasty venography venoplasty . At RSCM since 2013 has developed this action, but there is no data and evaluation of its success. This study was conducted to evaluate the efficacy of venoplasty in the treatment of AVF stenosis. Methods This study used a Retrospective Cohort Study to assess Percutaneous

Transluminal Angioplasty Venography and Venoplasty in AVF Stenosis of Chronic Renal Failure. The study was conducted in the Vascular and Endovascular Surgery Ward and at the Integrated Heart Center PJT as well as RSCM and University integrated hospitals during the period from 1 December 2016 to 31 May 2017 by assessing demographic characteristics, basic illness, assessment of venography venoplasty and ultrasound results. Independent variables were age, sex, basic disease, clinical symptoms, AVF type, stenosis location. The dependent variable is the success of venoplasty assessed by the residual stenosis diameter. Data were analyzed statistically $p < 0,05$. Results Characteristics of CRF patients with AVF stenosis were mostly in the 50-60 years age group 40.9%, 59% in male and according of disease caused by hypertension 93.9% and diabetes mellitus 42.4%. From the demographic analysis, there was a significant correlation between age and AVF stenosis magnitudes, for gender, there was a significant relationship between gender and AVF stenosis, in which women were worse with stenosis than men. There was no significant association between Basic Illness and AVF Stenosis Magnitudinal Stage of Venographic Result. There was no significant association between AVF Stenosis Location and Stenosis scale from Venography. There is no significant association between the magnitude of stenosis in Venography and the results of Venographic. There was a significant association between AVF Stenosis Locations and the success of Venoplasty action. There were significant improvements to ultrasound examination diameter of draining vein, volume flow and peak systolic velocity on the results between before, after or 3 months after venoplasty.