

Hubungan antara skor portsmouth physiological and operative severity score for the enumeration of mortality and morbidity dengan lama rawat inap pada resipien transplantasi ginjal = Association between portsmouth physiological and operative severity score for the enumeration of mortality and morbidity score with length of stay in kidney transplant recipients

Henny Zidny Robby Rodhiya, author

Deskripsi Lengkap: <https://lib.ui.ac.id/detail?id=20482727&lokasi=lokal>

Abstrak

ABSTRAK

Penilaian preoperatif dan perioperatif dibutuhkan untuk memprediksi morbiditas dan mortalitas pasien pasca transplantasi ginjal. Oleh karena itu, modalitas yang digunakan dalam menilai risiko pembedahan harus memiliki akurasi dan objektivitas yang baik. Salah satu modalitas yang banyak digunakan di RSCM adalah skor ASA-PS. Namun skor ini sudah banyak ditinggalkan oleh negara maju dan beralih pada skor P-POSSUM yang dinilai lebih superior, objektif dan akurat. Pada penelitian ini, skor P-POSSUM diuji dalam memprediksi lama rawat inap pasien yang merupakan marker morbiditas pascabedat. Penelitian ini menguji kemampuan korelasi dan diskriminasi skor P-POSSUM dalam memprediksi lama rawat inap sekaligus menganalisis hubungan antar variabel skor P-POSSUM dengan lama rawat inap resipien transplantasi ginjal. Penelitian ini menggunakan studi kohort retrospektif yang dilakukan pada 225 resipien transplantasi ginjal dari di RSCM Pusat dan Kencana dan memenuhi kriteria inklusi dan eksklusi. Data rekam medis pasien digunakan untuk menelusuri variabel fisiologis dan pembedahan yang tercantum dalam skor P-POSSUM serta lama rawat inap pasien pasca transplantasi ginjal. Selanjutnya data dianalisis menggunakan bivariat dan regresi logistik untuk mendapatkan hubungan antar variabel P-POSSUM dengan lama rawat pasien. Kemampuan korelasi dan diskriminasi skor P-POSSUM dicari menggunakan Hamer-Lameshow dan AUC pada kurva ROC. Hasil analisis bivariat menunjukan terdapat lima variabel yang memiliki hubungan signifikan dengan lama rawat inap yaitu laju nadi, kadar hemoglobin, kadar leukosit, kadar kalium, total perdarahan intraperioperatif dan kontaminasi intraperitoneal. Namun hanya terdapat dua variabel yang signifikan dalam analisis multivariat yaitu kadar hemoglobin dan perdarahan intraoperatif. Kemampuan kalibrasi menggunakan Hosmer-Lameshow dinilai baik (Nilai $p = 0.889$). Namun kemampuan diskriminasi dinilai lemah karena AUC yang didapat 65.7%. Kesimpulannya, sistem skor P-POSSUM tidak dapat menentukan lama rawat pasien resipien transplantasi ginjal. Namun terdapat dua variabel P-POSSUM yang merupakan faktor prediktif lama rawat inap yaitu kadar hemoglobin dan perdarahan intraoperatif.

<hr>

ABSTRACT

Preoperative and perioperative assessments are important to predict morbidity and mortality in post kidney transplant patient. Therefore, clinicians should assess operative risks by using accurate and objective modality. The most widely used modality in RSCM is ASA-PS score. Meanwhile, this score is no longer used in developed country and replaced by P-POSSUM score, which is more superior, objective, and accurate. In this study, P-POSSUM Score is assessed in predicting length of hospital stay as a marker of

post-operative morbidity. This study examines the correlation and discrimination ability of P-POSSUM score in predicting length of hospital stay as well as analyzing relationship between P-POSSUM score variables and the length of hospital stay of kidney transplant recipients. This retrospective cohort study was conducted on 225 kidney transplant recipients from RSCM and RSCM Kencana who met the inclusion and exclusion criteria. Medical record of patient is used to identify the physiological and surgical variables in P-POSSUM Score and length of hospital stay of patients after kidney transplant. Furthermore, the data were analyzed using bivariate and logistic regression to identify the relationship between P-POSSUM variables and the length of hospital stay. The correlation and discrimination ability of P-POSSUM score are examined by using Hamer-Lameshow and AUC on the ROC curve. The result of bivariate analysis showed that there are five variables that had a significant relationship with length of stay, namely pulse rate, hemoglobin level, leukocyte level, potassium level, total intraoperative bleeding and intraoperitoneal contamination. However, only two remain significant in the multivariate analysis namely hemoglobin level and intraoperative bleeding. Calibration ability is good based on Hamer-Lameshow analysis ($p=0.889$). But the ability to discriminate is considered weak because the AUC area only 65.7%. P-POSSUM can not be used to predict the length of hospital stay in kidney transplant recipients. Hemoglobin level and intraoperative bleeding are predictive factors in P-POSSUM for length of hospital stay of kidney transplant recipients.