Faktor-faktor intraoperatif yang memengaruhi kejadian stroke iskemik pascaoperasi jantung dengan mesin pintas jantung paru = Intraoperative factors associated with ischemic stroke after cardiac surgery with cardiopulmonary bypass / Aulia Rahman

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Abstrak

ABSTRAK
Stroke iskemik merupakan salah satu komplikasi penting dan berdampak negatif pada operasi jantung yang menggunakan MPJP. Faktor intraoperatif dianggap berpengaruh terhadap kejadian stroke iskemik diantaranya mean arterial pressure (MAP), kecepatan rewarm, kadar glukosa darah, durasi bypass, durasi klem silang aorta, hemoglobin dan hematokrit. Penelitian ini merupakan studi analitik retrospektif dengan disain kasus-kontrol. Subjek dengan komplikasi stroke pascaoperasi jantung dengan MPJP selama periode januari 2016 sampai desember 2018 sebagai kelompok kasus dan pasien tanpa stroke iskemik pada periode yang sama sebagai kontrol. Jenis kelamin, usia, diabetes melitus dan hipertensi tidak memiliki perbedaan yang bermakna antara kelompok kasus dan kontrol (p >0,05). Hematokrit (p = 0,015, OR 0,939 [0,885-0,996]) dan durasi bypass (p = 0,027, OR 1,011 [1,001-1,021]) merupakan faktor intraoperatif yang berpengaruh terhadap kejadian stroke pascaoperasi. Prosedur operasi katup (p = 0,024, OR 3,127 [1,161-8,427]) dan aorta (p = 0,038, OR 3,398 [1,070-10,786]) memiliki hubungan yang bermakna dengan kejadian stroke pascaoperasi. Disimpulkan bahwa faktor intraoperatif yang memengaruhi kejadian stroke iskemik pascaoperasi jantung dewasa yang menggunakan MPJP di RSJPDHK adalah durasi bypass dan nilai hematokrit. Prosedur operasi aorta dan katup memiliki risiko lebih tinggi terhadap kejadian stroke dibandingkan prosedur operasi jantung lain.
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ABSTRACT
Ischemic stroke is one of the important complications and has a negative impact on cardiac surgery with cardiopulmonary bypass. Intraoperative factors were considered to have an effect on ischemic stroke events including mean arterial pressure (MAP), rewarm speed, blood glucose levels, bypass duration, aortic cross clamp duration, hemoglobin and hematocrit. The study was a retrospective analytic study with case-control design. Subjects with stroke complications following cardiac surgery with cardiopulmonary bypass during January 2016 to December 2018 as a case group and patients without stroke in the same period as controls. Gender, age, diabetes mellitus and hypertension did not have a significant difference between the case and control groups (p> 0.05). Hematocrit (p = 0.015, OR 0.939 [0.885-0.996]) and bypass duration (p = 0.027, OR 1.011 [1,001-1,021]) were an intraoperative factors that influences the incidence of postoperative stroke. Valve surgery (p = 0.024, OR 3.127 [1,161-8,427]) and aorta (p = 0.038, OR 3.398 [1,070-10,786]) had a significant association with postoperative stroke. It was concluded that intraoperative factors affecting the incidence of postoperative cardiac ischemic stroke using cardiopulmonary bypass in RSJPDHK were duration of bypass and hematocrit. Aortic and valve surgery procedures have a higher risk of stroke than other cardiac surgery procedures.