Hubungan Indeks Massa Bebas Lemak Praoperasi dengan Skor Intake-Feeling Nauseated, Emesis, Exam, Duration (I-FEED) dan Lama Rawat Inap Pasien Pascalaparatomi Elektif Di RSUPN Dr Cipto Mangunkusumo = Association of Preoperative Fat-Free Mass Index with Intake-Feeling Nauseated, Emesis, Exam, Duration (I-FEED) Score and Postoperative Length of Hospital Stay in Elective Laparotomy Patients at Dr. Cipto Mangunkusumo Hospital

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Abstrak

Latar Belakang: Postoperative gastrointestinal tract dysfunction (POGD) merupakan komplikasi yang sering terjadi pada pasien pascaoperasi yang menyebabkan peningkatan morbiditas dan lama rawat inap. Malnutrisi sering terjadi pada periode perioperasi. Indeks massa bebas lemak menjadi salah satu penilaian untuk identifikasi pasien dengan malnutrisi. Penelitian ini bertujuan untuk mengetahui hubungan indeks massa bebas lemak praoperasi dengan POGD menggunakan skor Intake-Feeling Nauseated, Emesis, Exam, Duration (I-FEED) dan lama rawat inap pasien pascalaparotomi elektif. Metode: Studi potong lintang dilakukan pada 92 subjek berusia 18-64 tahun yang menjalani laparotomi elektif di RSUPN Dr. Cipto Mangunkusumo selama bulan Maret-Mei 2023. Pengukuran indeks massa bebas lemak praoperasi menggunakan bioelectrical impedance analysis (BIA) SECA mBCA-525. Penilaian POGD berdasarkan American Society for Enchanced Recovery and Perioperative Quality Initiative Joint Consensus Statement menggunakan skor I-FEED. Penilaian rawat inap dengan data rekam medis dan perhitungan lama rawat pascaoperasi. Dilakukan analisis univariat, bivariat dan analisis multivariat pada studi ini. Hasil: Rerata indeks massa bebas lemak pasien 16,5 2,3 kg/m2 dengan kategori rendah sebanyak 29,3%. POGD terjadi pada 41,3% subjek dan median lama rawat pascaoperasi 4 (2-17) hari. Tidak ditemukan korelasi yang bermakna secara statistik pada indeks massa bebas lemak praoperasi dengan POGD menggunakan skor I-FEED dan lama rawat inap pascaoperasi. Analisis klasifikasi indeks massa bebas lemak praoperasi yang rendah meningkatkan risiko kejadian POGD (OR 2,84; 95% CI 1,13-7,16). Analisis lanjutan dengan regresi linier menunjukkan serum albumin praoperasi dan durasi operasi menjadi faktor yang paling berkorelasi dengan skor I-FEED serta asupan protein dan karbohidrat berkorelasi dengan lama rawat pascaoperasi. Kesimpulan: Tidak ditemukan korelasi bermakna antara indeks massa bebas lemak praoperasi dengan POGD menggunakan skor I-FEED dan lama rawat inap pasien pascalaparotomi elektif.
.....Background: Postoperative gastrointestinal tract dysfunction (POGD) is a complication that increases morbidity and length of stay. Malnutrition often occurs in the perioperative period. Fat-free mass index is one of the assessments for identifying patients with malnutrition that caused complication. This study aims to assess the association between preoperative fat-free mass index and POGD using the Intake-Feeling Nauseated, Emesis, Exam, Duration (I-FEED) score and postoperative length of stay in elective laparotomy patients. Methods: This cross-sectional study was conducted on 92 subjects aged 18-64 years at Dr. Cipto Mangunkusumo Hospital who underwent elective laparotomy from March to May 2023. The fat-free mass index was measured using a multi-frequency bioelectrical impedance analysis (BIA) SECA mBCA-525. The POGD assessment was based on the American Society for Enchanced Recovery and Perioperative Quality

Initiative Joint Consensus Statement using the I-FEED score. The length of stay assessment calculated with postoperative length of hospitalization and medical record. Univariate, bivariate, and multivariate analyses were performed in this study. Results: The average of patient's fat-free mass index was 16.5 2,3 kg/m2 and found 29.3% of subjects in low category. 41.3% of subjects developed POGD, and median length of postoperative hospital stay was 4 (2-17) days. There was no statistically significant correlation between preoperative fat-free mass index and POGD using I-FEED score and postoperative length of hospital stay. Classification analysis of low preoperative fat-free mass index increased the risk of POGD (OR 2.84; 95% CI 1.13-7.16). Further analysis using linear logistic for other confounding factors revealed that preoperative serum albumin and duration of surgery were the most correlated factors in I-FEED score. Protein and carbohydrate intake were correlated with postoperative length of hospital stay. Conclusion: There is no correlation between preoperative fat-free mass index and POGD using I-FFEED score and length of stay after elective laparotomy.