

# Teknik Operasi Labioplasti Berdasarkan Sub-unit Anatomi (Fisher) pada Pasien Celah Bibir Bibir Satu Sisi: Sebuah Tinjauan Sistematis = Fisher Subunit anatomy labioplasty operative technique on unilateral cleft lip: a systematic review

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## Abstrak

Tujuan dari penelitian ini adalah diketahuinya hasil simetrisasi bibir teknik operasi Fisher dibandingkan dengan teknik operasi Tennison-Randall, Millard dan Mohler berdasarkan studi dengan level of evidence (LOE). Penelitian ini adalah sebuah tinjauan sistematis dengan penelusuran basis data dari Google Scholar, Cochrane, Pubmed, ScienceDirect dan hand searching. Dilakukan seleksi studi dengan kriteria populasi celah bibir satu sisi tanpa sindrom, intervensi mencakup teknik operasi Fisher, dengan pembandingan teknik operasi Tennison-Randall, Millard dan atau Mohler, keluaran simetrisasi bibir sesuai kriteria Steffensen dan studi sejak tahun 2012. Didapatkan total 255 studi dengan 4 studi terpilih memiliki desain studi uji klinis terkendali dan kohort tidak acak. Keempat studi terpilih membandingkan dengan teknik operasi Millard dan Mohler, tidak ada studi yang membandingkan dengan teknik operasi Tennison-Randall. Studi terpilih dilakukan analisis risk of bias (ROB), telaah kritis, analisis data dan sintesis kualitatif. Penilaian risiko bias dilakukan dengan Cochrane risk of bias 2 dan ROBINS-I didapatkan risiko bias rendah pada keempat studi. Telaah kritis dilakukan dengan kriteria grading of recommendation, assessment, development and evaluation (GRADE) didapatkan nilai akhir yang rendah. Analisis data dari keempat studi didapatkan heterogenitas yang tinggi sehingga tidak dilanjutkan dengan metaanalisis. Keempat studi menilai keluaran kriteria Steffensen secara kuantitatif, pada satu studi terdapat perbedaan signifikan antara Fisher dengan Millard di mana hasil teknik operasi Millard lebih asimetris pada rasio tinggi bibir, tinggi vermilion dan lebar dasar hidung, tetapi perbedaan tersebut terlalu kecil untuk diamati orang awam. Pada keempat studi didapatkan kesimpulan yang sama pada penilaian subjektif kriteria Steffensen, keempat studi mengamati hasil simetrisasi teknik operasi Fisher lebih baik dibandingkan teknik lainnya. Hasil dari penelitian ini menyimpulkan bahwa hasil simetrisasi bibir teknik operasi Fisher lebih baik dibandingkan teknik operasi Millard dan Mohler. Penelitian ini tidak dapat menjawab perbandingan hasil simetrisasi bibir antara teknik operasi Fisher dengan teknik operasi Tennison-Randall. Hasil tersebut memiliki implikasi terhadap praktik berupa mendukung diterapkannya teknik operasi Fisher pada pasien dengan celah bibir satu sisi. Dukungan tersebut dapat dituangkan dalam kebijakan seperti rekomendasi panduan praktik klinis dengan kekuatan yang lemah

.....The purpose of this research is to learn the lip symmetry results of the Fisher operative technique compared to the Tennison-Randall, Millard and Mohler operative techniques based on studies with the highest level of evidence (LOE). This research is a systematic review, inspecting the database from Google Scholar, Cochrane, Pubmed, ScienceDirect and also hand searching. Selection of studies was carried out with the criteria of a unilateral cleft lip population without syndrome, interventions included Fisher's operative technique, with comparison of Tennison-Randall, Millard and or Mohler operative techniques, lip symmetry outcome according to Steffensen's criteria and studies since 2012. A total of 255 studies were obtained with 4 studies selected having randomized clinical trial and non-randomized cohort study design.

The four selected studies compared Fisher with Millard and Mohler operative techniques, none of the studies compared with the Tennison-Randall operative technique. Selected studies were evaluated for risk of bias (ROB), critical appraisal, data analysis and qualitative synthesis. The risk of bias assessment was carried out using the Cochrane risk of bias 2 and ROBINS-I obtaining low risk of bias in all four studies. Critical review was carried out using the grading of recommendations, assessment, development and evaluation (GRADE) with a low final score. Data analysis from all four studies obtained high heterogeneity so it was not followed up with a meta-analysis. The four studies measured the Steffensen criteria quantitatively, in one study there was a significant difference between Fisher and Millard in that the results of Millard's operative technique were more asymmetric in the ratio of lip height, vermilion height and base width of the nose, but these differences were too small to be observed by the layman. In all four studies, the same conclusion was reached on the subjective criteria assessment of Steffensen, all four studies observed the lip symmetry results of the Fisher operation technique were better than other techniques. The results of this study concluded that the results of the Fisher operative technique's lip symmetry results were better than the Millard and Mohler operative techniques. This study cannot answer the comparison of lip symmetry results between Fisher's operative technique and Tennison-Randall's operative technique. These results have implications for daily practice that supports for the application of Fisher's operative technique to patients with unilateral cleft lip. Such support can be implemented in policies such as clinical practice guidelines recommendations with weak strength