

Perbandingan Adductor Canal Block Distal dengan Kombinasi Adductor Canal Block Proksimal dan Infiltration Between Popliteal Artery and Capsule of Knee terhadap Mobilisasi Dini Pasca-Total Knee Replacement = Comparison of Distal Adductor Canal Block With Combination Of Proximal Adductor Canal Block And Infiltration Between Popliteal Artery And Capsule Of Knee On Early Mobilization Post-Total Knee Replacement

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Abstrak

Latar Belakang: Kombinasi adductor canal block dan infiltration between popliteal artery and capsule of knee adalah metode analgesia blok saraf tepi yang banyak dikerjakan pada Total Knee Replacement. ACB dapat menghasilkan luaran analgesia yang berbeda tergantung lokasi injeksi dan volume obat anestesi lokal. Penelitian ini bertujuan membandingkan efektivitas kombinasi ACB proksimal dan iPACK dengan ACB distal dalam volume besar dalam memfasilitasi mobilisasi dini pascabedah TKR.

Metode: Penelitian ini merupakan uji klinis terkontrol acak tersamar tunggal. Tiga puluh subjek yang memenuhi syarat yang menjalani operasi Total Knee Replacement antara Juni 2023 dan Januari 2024 secara acak dimasukkan ke kombinasi ACB proksimal dan iPACK atau kelompok ACB distal dalam volume besar. Penelitian membandingkan beda rerata TUG test 24 jam pascablok, NRS di jam ke-6, -12 dan -24 serta konsumsi morfin 24 jam pascablok. Penelitian juga membandingkan waktu pengerjaan blok, waktu pertama rescue analgesia morfin serta efek samping blok.

Hasil: Rerata TUG Test 24 jam pascablok, rerata NRS di jam ke-6, -12 dan -24 maupun rerata konsumsi morfin 24 jam tidak berbeda bermakna antara kedua kelompok. Waktu pengerjaan blok ACB distal lebih singkat dan berbeda bermakna dari waktu pengerjaan kombinasi ACB dan iPACK ($p < 0,05$). Tidak dijumpai efek samping blok pada kedua kelompok.

Kesimpulan: ACB distal dalam volume besar tidak terbukti lebih efektif dari kombinasi ACB proksimal dan iPACK dalam memfasilitasi mobilisasi dini pasca TKR. Waktu pengerjaan ACB distal lebih singkat secara bermakna dibanding waktu pengerjaan kombinasi ACB proksimal dan iPACK

.....Background: The combination of adductor canal block and infiltration between popliteal artery and capsule of knee are widely used for analgesia in total knee replacement. ACB can produce different analgesia quality depending on the injection site and the volume of local anesthetic. This study aims to compare the effectiveness of the combination of proximal ACB and iPACK with large volume distal ACB in facilitating early mobilization after total knee replacement.

Method: This study is a single randomized controlled trial. Thirty eligible subjects who underwent total knee replacement surgery between June 2023 and January 2024 were randomly assigned to a combination of proximal ACB and iPACK or a large volume distal ACB group. The primary outcomes were different means of TUG test at 24 hours postblock, NRS at 6, -12 and -24 hours postblock and 24-hour morphine consumption. The secondary outcomes were block performing time, time of first rescue analgesia and side effect of the block.

Result: The medians of TUG Test at 24 hours postblock, NRS at 6, -12 and -24 hours postblock and 24-hour

morphine consumption did not differ significantly between the two groups. The performing time of large volume distal ACB was significantly shorter compared to the performing time combination of proximal ACB and iPACK ($p < 0.05$). No side effects of block were found in either group.

Conclusion: The large volume distal ACB was not shown to be more effective than the combination of proximal ACB and iPACK in facilitating early mobilization after total knee replacement. The performing time of large volume distal ACB was significantly shorter than the performing time of the combination of proximal ACB and iPACK.