

Terapi Medik Gizi pada Pasien Sakit Kritis Pascabedah Obstetri dan Ginekologi = Medical Nutrition Therapy in Critically Ill Patients Post Obstetrics and Gynecology Surgery

Sitompul, Kurnia Agustina, author

Deskripsi Lengkap: <https://lib.ui.ac.id/detail?id=9999920552818&lokasi=lokal>

Abstrak

Pembedahan obstetri dan ginekologi dapat disertai komplikasi berupa perdarahan yang mengakibatkan instabilitas hemodinamik serta menurunnya aliran oksigen dan perfusi jaringan. Penurunan perfusi juga terjadi pada saluran cerna, mengakibatkan perubahan struktur sawar mukosa, sehingga meningkatkan permeabilitas terhadap endotoksin bakteri. Proses tersebut akan meningkatkan risiko sepsis dan multiple organ dysfunction syndrome. Pemberian nutrisi enteral, termasuk nutrisi enteral dini, dapat memicu proliferasi enterosit, sehingga dapat menjaga integritas mukosa saluran cerna, mengurangi translokasi bakteri dan risiko infeksi, serta menurunkan morbiditas dan mortalitas pascabedah. Pada serial kasus ini dilakukan pemantauan terhadap empat pasien pascabedah obstetri dan ginekologi yang disertai komplikasi perdarahan dan relaparotomi. Semua pasien menunjukkan tanda hipoperfusi splanchnik. Terapi medik gizi berdasarkan rekomendasi European Society for Clinical Nutrition and Metabolism (ESPEN), yaitu pemberian nutrisi enteral dini <48 jam pada pasien sakit kritis target 20- 25 kkal/kg BB pada fase akut dan protein minimal 1,2 g/kg BB/hari. Tiga pasien yang mendapatkan nutrisi enteral dini memiliki rentang penggunaan ventilator lebih singkat, lama rawat di Intensive Care Unit lebih pendek, dan skor Sequential Organ Failure Assessment lebih rendah. Terapi medik gizi dengan pelaksanaan nutrisi enteral dini memberikan efek menguntungkan pada pasien pascabedah obstetri dan ginekologi dengan komplikasi perdarahan.

.....

Obstetrics and gynaecology surgery can be accompanied by haemorrhage complications that result in hemodynamic instability, decreased oxygen flow and tissue perfusion. Hypoperfusion also occurs in the gastrointestinal tract and changing mucosal barrier structure, thereby increasing permeability to bacterial endotoxins. These process will increase the risk of sepsis and multiple organ dysfunction syndromes. Providing early enteral nutrition, can induce the enterocyte proliferation by maintaining the integrity of the gastrointestinal mucosa, then reducing bacterial translocation and risk of infection, hence reducing postoperative morbidity and mortality. Four obstetric and gynaecologic post-operative patients who had been relaparotomy because haemorrhage have shown signs of splanchnic hypoperfusion. Medical nutrition therapy based on European Society for Clinical Nutrition and Metabolism (ESPEN) recommendations, early enteral nutrition <48 hours, energy target of 20-25 kcal/kg in the acute phase and minimum protein 1.2 g/kg BW/day, have given. Three patients who received early enteral nutrition had shorter durations of ventilators use, shorter Intensive Care Unit length of stay, and lower Sequential Organ Failure Assessment scores. Medical nutrition therapy by giving early enteral nutrition has beneficial effects on obstetric and gynaecological post-operative patients with bleeding complications.