Kelebihan Cairan Pasca Operasi pada Penatalaksanaan Trauma dengan Syok Hemoragik = Excess Postoperative Fluids in Trauma Management with Hemorrhagic Shock

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Abstrak

Dilakukan studi Kohort retrospektif untuk menilai pengaruh kelebihan cairan pasca operasi terhadap hasil akhir penatalaksanaan trauma dengan syok hemoragik di RSUPN Dr.Cipto Mangunkusumo. Data diperoleh dari rekam medik 42 penderita yang terbagi menjadi kelompok I (24 penderita) menerima cairan ~ 10.000 cc dan kelompok II (18 penderita) yang menerima cairan < 10.000 cc selama 24 jam I. Dari seluruh penderita, 18 penderita diantaranya meninggal dunia dan kelompok I mempunyai risiko kematian 6 kali lebih tinggi dibanding kelompok II dan perbedaan diantara keduanya bermakna secara statistik (p < 0,05). Timbulnya 2 atau 3 dari kematian (koagulopati, asidosis metabolik dan hipotermi) meningkatkan risiko kematian 28 kali lebih tinggi dan hubungannya bermakna (p < 0,001). Mereka yang hidup dan menerima cairan ~ 10.000 cc mempunyai lama rawat lebih panjang dibandingkan mereka yang menerima cairan <10.000 cc (P<0,05). Resusitasi cairan masih meningkatkan risiko kematian dan lama perawatan lebih panjang dan risiko kematian terutama dihubungkan dengan ditemukannya 2 atau 3 dari trias kematian. Diperlukan pemahaman kompleksitas respon tubuh yang terjadi pasca trauma dan syok hemoragik sehingga dapat melakukan resusitasi yang benar diikuti monitoring yang ketat untuk menurunkan morbiditas dan mortalitas penatalaksanaan trauma dengan syok hemoragik.

..... A retrospective cohort study was conducted! to assess the effect of postoperative excess fluid on the final outcome of trauma management with hemorrhagic shock at RSUPN- Dr.Cipto Mangunkusumo. Data was obtained from the medical records of 42 patients who were divided into group I (24 patients) receiving ~ 10,000 cc of fluid and group II (18 patients) who received 10,000 cc < liquid for 24 hours I. Of all the patients, 18 of them died and group I was at risk mortality was 6 times higher than group II and the difference between the two was statistically significant (p < 0.05). The occurrence of 2 or 3 of mortality (coagulopathy, metabolic acidosis and hypothermy) increased the risk of death 28 times higher and the association was significant (p < 0.001). Those who lived and received ~10,000 cc of fluid had a longer treatment time than those who received < 10,000 cc (P <0.05). Fluid resuscitation still increases the risk of death and length of treatment longer and the risk of death is mainly associated with the discovery of 2 or 3 of the triad of death. Understanding is required the complexity of the body's response that occurs after trauma and hemorrhagic shock so that it can perform correct resuscitation followed by strict monitoring to reduce morbidity and mortality in the management of trauma with hemorrhagic shock.