

A Retrospective Profile of Acute Post-Caesarean Section Pain in RSCM: Incidence and Association with Analgesic Regimen, Anaesthesia, and Surgery Duration = Profil Retrospektif Nyeri Akut Pasca Operasi Caesar di RSCM: Insidensi dan Hubungannya dengan Regimen Analgesik, Anestesi, dan Durasi Operasi

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Abstrak

Latar Belakang Operasi sesar meningkat di Indonesia dan dikaitkan dengan nyeri sedang-berat, sehingga memerlukan manajemen nyeri yang efektif untuk mencegah dampak negatif. Mengidentifikasi regimen analgesik, durasi operasi, dan anestesi yang optimal dapat meningkatkan hasil, tetapi studi tentang nyeri pascaoperasi akut dan faktor terkait di Indonesia masih terbatas. Metode Desain kohort observasional retrospektif digunakan, dengan sampel pasien yang menjalani operasi sesar di RSCM pada tahun 2021. Data mengenai kejadian nyeri akut sedang-berat (VAS 4), regimen analgesik, anestesi, dan durasi operasi diolah dari rekam medis dan kemudian dianalisis. Hasil 55 pasien diikutsertakan dalam analisis. 5 (9%) mengalami nyeri pascaoperasi akut sedang-berat. Analisis uji Fisher terhadap hubungan antara skor VAS 4 dengan regimen analgesik ($p=0,053$), anestesi ($p=1,000$), dan durasi operasi ($p=1,000$) tidak ditemukan signifikan. Kesimpulan Penelitian prospektif lebih lanjut dengan ukuran sampel yang besar diperlukan untuk memberikan kesimpulan mengenai pengaruh regimen analgesik, anestesi, dan durasi operasi terhadap nyeri pascaoperasi akut pada pasien operasi caesar.

.....Introduction Cesarean deliveries are rising in Indonesia and are associated with moderate-severe pain, requiring effective pain management to prevent negative impacts. Identifying optimal analgesic and anaesthesia regimens, and surgery duration could improve outcomes, but studies on acute postoperative pain and related factors in Indonesia remain limited. Method A retrospective observational cohort design was utilised, with a sample of patients who underwent caesarean sections in RSCM in the year 2021. Data regarding the incidence of moderate-severe acute pain (VAS 4), analgesic regimen, anaesthesia, and surgery duration was extracted from medical records and subsequently analysed. Results 55 patients were included in the analysis. 5 (9%) experienced moderate-severe acute postoperative pain. Fisher test analysis of the association between VAS 4 score and analgesic regimen ($p=0.053$), anaesthesia ($p=1.000$), and surgery duration ($p=1.000$) was not found to be statistically significant. Conclusion Further prospective studies with large sample sizes are needed to provide conclusions regarding the effect of analgesic regimen, anaesthesia, and surgery duration on acute postoperative pain in caesarean section patients.