

Hubungan Interval Waktu Pulmonary Artery Banding dan Bidirectional Cavopulmonary Shunt terhadap Keluaran Pascaoperasi Kelainan Jantung Univentrikel tanpa Restriksi Aliran Darah Paru = Correlation of Time Interval between Pulmonary Artery Banding and Bidirectional Cavopulmonary Shunt on Postoperative Outcomes in Univentricular Heart Defect with Unrestricted Pulmonary Blood Flow

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Abstrak

Kelainan jantung univentrikel tanpa restriksi aliran darah paru perlu dilakukan tindakan paliatif tahap awal berupa pulmonary artery banding (PAB) untuk menurunkan tekanan paru sebelum dilanjutkan tindakan bidirectional cavopulmonary shunt / BCPS. Namun, interval waktu optimal antara kedua tahap pembedahan paliatif tersebut masih belum diketahui. Dilakukan penelitian kohort retrospektif pada pasien kelainan jantung univentrikel tanpa restriksi aliran darah paru yang menjalani tindakan BCPS dengan riwayat PAB. Total sebanyak 41 subjek yang dianalisis. Terdapat hubungan bermakna antara interval waktu tindakan PAB-BCPS dan mortalitas dini pasca-BCPS ($p = 0,018$), dengan nilai median interval waktu pada pasien yang mengalami mortalitas lebih singkat dibandingkan pada pasien yang hidup [9(8–10) vs. 26(12–97) bulan]. Tidak terdapat hubungan/korelasi bermakna antara interval waktu PAB-BCPS dan mortalitas 1 tahun ($p = 0,645$), lama penggunaan ventilator ($r = 0,053$; $p = 0,768$), lama rawat ICU ($r = 0,064$; $p = 0,693$), dan lama rawat RS ($r = -0,098$; $p = 0,544$) pascaoperasi BCPS. Disimpulkan bahwa terdapat hubungan yang signifikan antara interval waktu tindakan PAB-BCPS dan kejadian mortalitas dini pasca-BCPS. Pasien yang mengalami mortalitas memiliki nilai interval waktu lebih singkat dibandingkan dengan pasien yang hidup.Univentricular heart defects with unrestricted pulmonary blood flow require pulmonary artery banding (PAB) as an initial palliative procedure to reduce pulmonary pressure before proceeding with the second-stage surgery (bidirectional cavopulmonary shunt / BCPS). However, the optimal time interval between these two palliative surgeries remains unknown. A retrospective cohort study was conducted on patients with univentricular heart defects and unrestricted pulmonary blood flow who underwent BCPS with a history of PAB. A total of 41 subjects were analyzed. There was a statistically significant association between the time interval of PAB-BCPS and early mortality after BCPS ($p = 0.018$), with a shorter median interval time in patients who experienced mortality compared to those who survived [9(8–10) vs. 26(12–97) months, respectively]. No significant association between the PAB-BCPS time interval and one-year mortality ($p = 0.645$), period of ventilator use ($r = 0.053$; $p = 0.768$), ICU length of stay ($r = 0.064$; $p = 0.693$), or hospital length of stay ($r = -0.098$; $p = 0.544$) following BCPS. In conclusion, the time interval between PAB and BCPS is significantly associated with early mortality after BCPS. Patients who did not survive had a shorter interval compared to those who survived.