

# Efektivitas pemberian analgesia Preemptif Gabapentin 600 mg oral terhadap kebutuhan morfin pascaoperasi abdomen bawah nonobstetrik = Effectiveness of oral Gabapentin 600 mg as preemptive analgesia to reduce morphine requirements in patients undergoing non-obstetric lower abdominal surgery

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## Abstrak

Latar Belakang. Nyeri pascaoperasi abdomen bawah merupakan salah satu komplikasi yang sering dikeluhkan pasien. Walaupun intensitasnya lebih rendah dibandingkan nyeri pascaoperasi abdomen atas, tetapi prosedur pembedahan ini lebih sering dilakukan di rumah sakit. Penggunaan gabapentin sebagai analgesia preemptif yang diberikan dua jam sebelum operasi dilaporkan dapat mengurangi nyeri pascaoperasi dan mengurangi kebutuhan analgesia pascaoperatif pada pasien yang menjalani pembedahan. Penelitian mengenai efektivitas gabapentin oral sebagai analgesia preemptif pada operasi abdomen bawah belum pernah dilakukan di Indonesia. Metode. Uji klinis acak tersamar ganda terhadap 72 subjek yang didapatkan dengan consecutive sampling pada November 2019 – Februari 2020 di RSUD Kabupaten Tangerang. Subjek yang memenuhi kriteria dirandomisasi menjadi dua kelompok untuk mendapatkan regimen analgesia preemptif gabapentin 600 mg oral atau plasebo dua jam sebelum insisi. Pasien dilakukan penilaian kebutuhan morfin, derajat nyeri, saat pertama membutuhkan morfin, dan efek samping pada kedua kelompok dalam 24 jam pertama pascaoperasi. Analisis hasil menggunakan uji general linear model (GLM) dan anova untuk pengukuran berulang dan Mann-Whitney U. Hasil. Uji GLM menunjukkan ada perbedaan bermakna pada total kebutuhan morfin dalam 24 jam pascaoperasi antara kelompok gabapentin ( $2,47 \pm 1,90$  mg) dengan plasebo ( $5,33 \pm 1,97$  mg;  $p < 0,001$ ). Derajat nyeri saat istirahat dan bergerak saat pulih sadar, 2 jam, 6 jam, 12 jam, dan 24 jam pascaoperasi antara kedua kelompok didapatkan hasil berbeda bermakna dengan  $p < 0,05$ . Uji Mann-Whitney menunjukkan ada perbedaan bermakna pada saat pertama subjek membutuhkan morfin untuk rescue analgesia antara kelompok gabapentin (161,5 [25 – 990] menit) dengan plasebo (67,5 [10 – 371] menit) dengan  $p < 0,001$ . Kejadian mual pada kelompok gabapentin didapatkan lebih rendah dibandingkan kelompok plasebo. Simpulan. Gabapentin 600 mg oral lebih efektif dibandingkan plasebo sebagai analgesia preemptif pada operasi abdomen bawah nonobstetrik. Kejadian mual lebih sedikit pada pemberian analgesia preemptif gabapentin.

..... Background. Lower abdominal postoperative pain is one of the most common postoperative complications reported by the patients. Although the pain intensity is lower than upper abdominal postoperative pain, lower abdominal surgery procedures are more often conducted in the hospital. Gabapentin therapy as preemptive analgesia given two hours before surgery has been reported to reduce postoperative pain and decrease postoperative analgesia requirements. There have been no studies in Indonesia reporting the effectiveness of oral gabapentin as preemptive analgesia to reduce lower abdominal postoperative morphine requirements. Method. Double-blind randomized clinical trial was conducted from 72 subjects by consecutive sampling on 2019 November-2020 February at Tangerang District General Hospital. Subjects fulfilling criteria were randomized into two groups and were given gabapentin 600 mg orally or placebo two hours before incision. Patients' morphine requirements, pain scale at the first time

morphine administration, and side effects on two groups on the first 24 hour postoperative were assessed. Result analysis was conducted using general linear model (GLM) and anova for repeated measurements and Mann-Whitney U. Result. GLM showed that there was significant difference on first 24-hour postoperative total morphine requirements between gabapentin group ( $2.47 \pm 1.90$  mg) and placebo group ( $5.33 \pm 1.97$  mg;  $p < 0.001$ ). Pain scale at rest and movement while on recovery, 2 hours, 6 hours, 12 hours, and 24 hours after surgery were significantly different between two groups with  $p < 0.05$ . Mann-Whitney test showed significant different results for the first time patient requiring morphine as rescue analgesia between gabapentin group (161.5 [25 – 990] minutes) and placebo group (67.5 [10 – 371] minutes) with  $p < 0.001$ . Nausea events on gabapentin group was reported lower than placebo group. Conclusion. Gabapentin 600 mg orally is more effective than placebo as preemptive analgesia for nonobstetric lower abdominal surgery. Nausea events were reported lower when gabapentin given as preemptive analgesia.