

ABSTRAK

Perbandingan Luaran reseksi Anastomosis Intestinal antara Teknik Jahitan Tangan dan Stapler pada Kasus Anak dengan Malformasi Anorektal di RSUP Sardjito

Robin Perdana Saputra, Andi Dwihantoro, Gunadi

Departemen Bedah Anak, Universitas Gadjah Mada, RSUP Dr. Sardjito,
Yogyakarta, Indonesia

Latar Belakang: Anastomosis intestinal adalah prosedur pembedahan untuk mengembalikan kontinuitas usus setelah menghilangkan kondisi patologis pada usus tersebut. Anastomosis sering dilakukan pada berbagai macam tindakan operasi bedah anak, seperti tindakan tutup stoma pada malformasi anorektal. Pada anastomosis intestinal diperlukan prosedur anastomosis usus yang aman dan efektif sehingga tidak menimbulkan komplikasi – komplikasi seperti *anastomotic leakage*, striktur anastomosis, fistula enterokutan dan obstruksi usus. Tujuan penelitian ini adalah untuk menilai perbandingan luaran reseksi anastomosis antara teknik jahitan tangan dan stapler pada kasus bedah anak di RSUP Sardjito, Yogyakarta, Indonesia.

Metode: Penelitian ini adalah penelitian observasional retrospektif. Subjek penelitian adalah pasien paska reseksi anastomosis intestinal dengan teknik jahitan tangan atau teknik stapler yang memenuhi kriteria inklusi dan eksklusi dalam kurun waktu Januari 2018 hingga Maret 2023. Data penelitian berasal dari rekam medik.

Hasil: Jumlah total subjek adalah sebanyak 59 pasien, terbagi menjadi dua kelompok yaitu 23 pasien pada kelompok stapler dan 36 pasien pada kelompok jahitan tangan. Terdapat hubungan bermakna antara teknik operasi dengan durasi operasi ($p=0.044$). Dilakukan analisis multivariat dengan metode backward dan didapatkan bahwa teknik jahitan dan penyulit durante operasi memiliki pengaruh yang signifikan terhadap durasi operasi ($p=0.020$ dan $p=0.015$). Rerata durasi operasi kelompok stapler 147.6 menit lebih pendek dibandingkan handsewn yaitu 176.5 menit. Kebocoran anastomosis terjadi pada 2 subyek (5.6%) pada kelompok handsewn dan tidak terjadi pada kelompok stapler. Namun tidak didapatkan perbedaan bermakna terkait kebocoran anastomosis ($p=0.516$), lama waktu kembali diet ($p=0.379$) dan full feeding ($p=0.357$), serta lama rawat inap ($p=0.187$) antara kelompok stapler dengan handsewn.

Kesimpulan: Teknik operasi berhubungan bermakna dengan durasi operasi. Teknik operasi dengan stapler memiliki durasi operasi yang lebih pendek dibandingkan teknik handsewn. Tidak terdapat perbedaan bermakna antara teknik operasi stapler dengan teknik handsewn dengan kejadian kebocoran anastomosis, waktu mulai diet dan waktu full feeding, dan lama perawatan pasca operasi.

Kata Kunci: anastomosis intestinal, teknik jahitan tangan, stapler, malformasi anorektal

Comparison of Intestinal Resection Anastomosis Outcomes between Handswen and Stapler Techniques in Pediatric Cases with Anorectal Malformation at Sardjito General Hospital

Robin Perdana Saputra, Andi Dwihantoro, Gunadi

Department of Pediatric Surgery, Gadjah Mada University, Dr. Sardjito Hospital,
Yogyakarta, Indonesia

Background: Intestinal anastomosis is a surgical procedure to restore continuity in the intestine after removal of pathological conditions in the intestine. Anastomosis is frequently performed in various pediatric surgical procedures, such as closing stomas in anorectal malformations. In intestinal anastomosis, a safe and effective intestinal anastomosis procedure is required to avoid complications such as anastomotic leakage, anastomotic stricture, enterocutaneous fistule, and intestinal obstruction. The aim of this study is to compare the outcome of anastomosis resection using hand-sewn and stapler techniques in pediatric surgical cases at Sardjito General Hospital, Yogyakarta, Indonesia.

Method: This study is a retrospective observational study. The subjects were patients who underwent intestinal anastomosis resection using either handsewn or stapler techniques, meeting inclusion and exclusion criteria, within the period from January 2018 to March 2023. The research data source is from medical records.

Results: The total number of subjects was 59 patients, divided into two groups, with 23 patients in the stapler group and 36 patients in the handsewn group. There was a significant association between the surgical technique and the duration of the surgery ($p=0.044$). Multivariate analysis using the backward method showed that the handsewn technique and intraoperative complications significantly influenced the duration of the surgery ($p=0.020$ and $p=0.015$). The mean duration of the stapler group's surgery was 147.6 minutes shorter than that of the handsewn group, which was 176.5 minutes. Anastomotic leakage occurred in 2 subjects (5.6%) in the handsewn group and did not occur in the stapler group. However, there was no significant difference in terms of anastomotic leakage ($p=0.516$), time to initiate a diet ($p=0.379$), time to full feeding ($p=0.357$), and length of hospital stay ($p=0.187$) between the stapler and hand-sewn groups.

Conclusion: The surgical technique is significantly associated with the duration of the surgery. The stapler surgical technique has a shorter duration of surgery compared to the handsewn technique. There is no significant difference between the stapler and hand-sewn surgical techniques in terms of anastomotic leakage, time to initiate a diet, time to full feeding, and postoperative length of stay.

Keywords: intestinal anastomosis, hand-sewn technique, stapler, anorectal malformation.