

## INTISARI

**Latar Belakang:** Nyeri pascabedah sesar seringkali bersifat akut dengan intensitas sedang hingga berat. Pendekatan analgesik multimodal direkomendasikan untuk mencapai efektivitas yang optimal dan meminimalkan efek samping. Kombinasi parasetamol dan morfin lepas lambat (MST) efektif untuk nyeri pascabedah, namun penggunaan morfin dibatasi hanya jika dibutuhkan saja. Alternatif yang disarankan adalah kombinasi parasetamol dengan AINS (Antiinflamasi non-steroid) seperti dexketoprofen, yang memiliki onset kerja cepat dan efek sentral pada sistem saraf pusat.

**Tujuan:** Membandingkan efektivitas dan keamanan antara kombinasi parasetamol plus dexketoprofen dengan kombinasi parasetamol plus morfin lepas lambat (MST) dalam mengatasi nyeri pascabedah sesar metode ERACS.

**Metode:** Uji klinis tersamar acak ganda (*double blind randomized controlled trial*) dilakukan pada pasien pascabedah sesar metode ERACS periode Juli – Agustus 2024. Pengambilan subjek menggunakan *consecutive sampling* sebanyak 40 pasien, yang dikelompokkan menjadi dua kelompok yaitu kelompok kombinasi parasetamol 750 mg plus dexketoprofen 25 mg sebanyak 20 pasien dan kelompok kombinasi parasetamol 750 mg plus morfin lepas lambat (MST) 10 mg sebanyak 20 pasien. Efektivitas dilihat dari proporsi pasien yang mencapai target bebas nyeri (skor VAS < 3) berdasarkan pengukuran skor VAS 24 jam setelah pemberian dosis pertama, sedangkan keamanan diamati dari kejadian efek samping yang ada selama 48 jam. Analisis bivariat dilakukan menggunakan uji *Chi-square* dan *fisher's Exact*.

**Hasil:** Tidak terdapat perbedaan signifikan dalam proporsi pasien yang tidak nyeri antara kelompok pemberian kombinasi analgesik parasetamol 750 mg plus dexketoprofen 25 mg dan kombinasi parasetamol 750 mg plus MST 10 mg, masing-masing 18 pasien (90%) dan 14 pasien (70%) (*p value* 0,235). Kejadian efek samping ditemukan hanya pada pemberian parasetamol plus MST yaitu 2 pasien mengalami mual muntah dan 1 pasien mengalami pusing.

**Kesimpulan :** Pemberian parasetamol plus dexketoprofen memiliki efektivitas yang sama dengan pemberian parasetamol plus MST untuk mengatasi nyeri pascabedah sesar metode ERACS dan bisa menjadi alternatif untuk menggantikan pemberian parasetamol plus MST jika tanpa kontraindikasi.

**Kata kunci:** Nyeri, parasetamol, dexketoprofen, morfin lepas lambat (MST), ERACS

## ***ABSTRACT***

**Background:** Post-cesarean surgical pain is often acute with moderate to severe intensity. A multimodal analgesic approach is recommended to achieve optimal efficacy and minimize side effects. The combination of paracetamol and slow-release morphine (MST) is effective for post-surgical pain, but the use of morphine is limited to when it is strictly necessary. An alternative that is suggested is the combination of paracetamol with NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) such as dexketoprofen, which has a rapid onset of action and a central effect on the central nervous system

**Objective:** To compare the effectiveness and safety of the combination of paracetamol plus dexketoprofen with the combination of paracetamol plus slow-release morphine (MST) in managing post-cesarean surgical pain using the ERACS method.

**Methods:** A double-blind randomized controlled trial was conducted on post-cesarean patients using the ERACS method during the period of July-August 2024. A total of 40 patients were recruited using consecutive sampling and divided into two groups: the paracetamol 750 mg plus dexketoprofen 25 mg combination group (20 patients) and the paracetamol 750 mg plus slow-release morphine (MST) 10 mg combination group (20 patients). Effectiveness was measured by the proportion of patients reporting no pain (VAS score < 3) at 24 hours after the first dose, while safety was observed from the occurrence of side effects within 48 hours. Bivariate analysis was performed using the Chi-square and Fisher's Exact test..

**Results:** There was no significant difference in the proportion of no-pain patients between the group receiving the combination of paracetamol 750 mg plus dexketoprofen 25 mg and the combination of paracetamol 750 mg plus MST 10 mg, with 18 patients (90%) and 14 patients (70%), respectively (p-value 0.235). The occurrence of side effects was found only in the administration of paracetamol plus MST, where 2 patients experienced nausea and vomiting, and 1 patient experienced dizziness.

**Conclusion:** The administration of paracetamol plus dexketoprofen has the same effectiveness as the administration of paracetamol plus MST in managing post-cesarean surgical pain using the ERACS method and can be an alternative to replace the administration of paracetamol plus MST if without contraindication.

**Keywords:** Pain, paracetamol, dexketoprofen, slow-release morphine (MST), ERACS