

INTISARI

Latar Belakang : Nyeri punggung pasca spinal disebabkan oleh trauma pada ligamen, fascia atau tulang yang menyebabkan kerusakan jaringan atau cedera saraf. Nyeri punggung dipengaruhi oleh proyeksi insersi. Proyeksi paramedian lebih sedikit menyebabkan kerusakan jaringan atau cedera saraf serta meningkatkan angka keberhasilan teknik spinal.

Tujuan : Mengetahui perbandingan insidensi nyeri punggung pasca spinal pada proyeksi median dan paramedian di RSUP Dr. Sardjito Yogyakarta.

Metode : Penelitian dengan desain *randomized controlled trial* secara acak buta tunggal dilakukan di RSUP Dr. Sardjito Yogyakarta pada masing-masing 53 subjek proyeksi median dan paramedian pada tindakan brakiterapi, urologi dan orthopaedi. Nyeri punggung pasca spinal dievaluasi pada 24 jam menggunakan skor NRS. Pengolahan data menggunakan SPSS 26 dengan uji Chi square dan Mann Whitney. Hubungan insidensi nyeri dengan variabel perancu dianalisa secara bivariat yang jika $p < 0,25$, maka dilanjutkan analisa multivariat dengan uji regresi logistik.

Hasil : Jumlah subjek sebesar 106 yang terbagi menjadi 53 subjek pada masing-masing proyeksi. Pasien umumnya rentang usia 45-50 tahun, berjenis kelamin perempuan, non obesitas dan ASA 2. Tindakan urologi dan brakiterapi paling banyak dilakukan. Posisi tindakan umumnya litotomi dan insersi dilakukan satu kali. Insiden nyeri punggung pasca spinal pada kelompok median sebesar 39,6% dan paramedian sebesar 11,3% (nilai $p : 0,001$, OR 5,14, CI 95% 1,87 - 14,15). Analisa multivariat menunjukkan bahwa proyeksi insersi berkaitan dengan insidensi nyeri punggung pasca spinal, sedangkan usia, jenis tindakan, jumlah insersi, jumlah kontak tulang, posisi dan durasi tindakan tidak berkaitan. Insidensi nyeri punggung pasca spinal dengan proyeksi paramedian lebih rendah dibandingkan median.

Kata Kunci : teknik spinal, nyeri punggung, proyeksi median, proyeksi paramedian

ABSTRACT

Background: *Post-spinal back pain is caused by trauma to the ligaments, fascia, or bones, leading to tissue damage or nerve injury. Back pain is influenced by insertion projection. The paramedian projection causes less tissue damage or nerve injury and increases the success rate of the spinal technique.*

Objective: *To compare the incidence of post-spinal back pain in median and paramedian projections at Dr. Sardjito General Hospital, Yogyakarta.*

Methods: *This randomized controlled trial was conducted as a single-blind study at Dr. Sardjito General Hospital, Yogyakarta, involving 53 subjects in each of the median and paramedian projection groups undergoing brachytherapy, urological, and orthopaedic surgeries. Post-spinal back pain was evaluated 24 hours later using the NRS score. Data were processed using SPSS 26 with Chi-square and Mann-Whitney tests. The relationship between incidence of post-spinal backpain and confounding variables was analyzed bivariately, and if $p < 0.25$, multivariate analysis was conducted using logistic regression.*

Result: *The total number of subjects was 106 divided into 53 subjects for each projection. Patients were generally aged 45-50 years, female, normoweight, and ASA 2. Brachytherapy and urology surgeries with lithotomi position were the most frequently performed. Needle insertion was typically performed once. The incidence of post-spinal back pain was 39,6% in median group and 11,3% in paramedian group (p -value: 0.001, OR 5.14, 95% CI 1.87 - 14.15). Multivariate analysis showed that insertion projection was associated with the incidence of post-spinal back pain, while age, type of surgery, total insertions, number of bone contacts, position, and duration of surgery were not related. Incidence of post-spinal back pain with the paramedian projection was lower than with the median projection.*

Keywords: *spinal technique, back pain, median projection, paramedian projection*