INTISARI

Latar Belakang. Operasi sesar menghasilkan nyeri pasca operasi yang signifikan. Tidak ada teknik standar pengelolaan nyeri pasca operasi sesar. Obat antiinflamasi nonsteroid seperti natrium diklofenak berkerja meng-inhibisi sintesis prostaglandin (PG) dengan menghambat enzim cyclooxygenase. Tramadol dengan aktivitas mu-agonis, tidak hanya bekerja pada reseptor opioid, tetapi juga menghambat serotonin (5-HT) dan *reuptake* noradrenalin.

Tujuan. Mengetahui daya guna analgesi 24 jam pasca operasi sesar antara penggunaan suppositoria rektal tramadol dengan natrium diklofenak

Metode. Prospektif, uji klinis acak terkontrol pada 70 pasien status fisik ASA I-II, berusia 19-40 tahun, hamil aterm 37-42 minggu,, Indeks Massa Tubuh < 35 kg/m^2. Pasien dikelompokkan acak ke dalam 2 kelompok : kelompok suppositoria rektal natrium diklofenak (D) dan tramadol (T) dengan teknik *single blind*. Dilakukan penilaian VAS pada kedua kelompok, jumlah penambahan *rescue* jika VAS ≥3, dan efek samping pada masing-masing kelompok.

Hasil. Selama 24 jam pasca operasi, rata-rata frekuensi pemberian tambahan fentanyl kelompok T sebanyak 3.13 kali dan kelompok D 1,7 kali, rata-rata dosis tambahan fentanyl kelompok T sebanyak 155,71 mcg dan kelompok D 67,65 mcg (p=0,000). Rata-rata VAS 24 jam pasca operasi pada kelompok T 2,14 dan pada kelompok D 1,74 (p<0,05). Untuk efek samping, kelompok T terdapat 4 kejadian (11,4%) mual muntah, sedangkan pada kelompok D tidak ada. Perbedaan ini bermakna yang ditunjukkan dengan nilai p=0,042 (p<0,05).

Kesimpulan. Daya guna analgesi natrium diklofenak 100 mg suppositoria rektal lebih baik dibanding tramadol 100 mg suppositoria rektal, dengan efek samping yang lebih kecil pada 24 jam pasca operasi sesar.

Kata Kunci. Natrium Diklofenak, Tramadol, Suppositoria Rektal, Daya Guna Analgesi, Pasca Operasi Sesar

ABSTRACT

Background. Cesarean section inflicts significant postoperative pain. There is no standard technique for pain management after cesarean section. Non-steroidal anti-inflammatory drugs, for example diclofenac sodium, work to inhibit the prostaglandin (PG) synthesis, by obstructing the cyclooxygenase enzyme. Tramadol alongside mu-agonist activity, does not only act on opioid receptors, but also inhibits serotonin (5-HT) and noradrenaline reuptake.

Objective. To determine the efficacy of 24-hour postoperative cesarean section between of rectal suppositori tramadol and diclofenac sodium.

Methods. Prospective, randomized controlled clinical trial to 70 patients with ASA I-II physical status, aged 19-40 years old, pregnancy aterm 37-42 weeks, Body Mass Index <35 kg / m2. The patients were randomly assigned into 2 groups: rectal diclofenac sodium suppository (D) and tramadol (T) groups using single blind technique. VAS assessment was performed in both groups. The amount of rescue was added if the VAS ≥3, and there were side effects in each group.

Results. During the 24 hour postoperative period, the mean frequency of supplemental fentanyl to group T was 3.13 times, and group D was 1.7 times. The mean additional dose of fentanyl group T was 155.71 mcg, and group D was 67.65 mcg ($p = 0.000$). The average VAS was 24 hours postoperative in the T group of 2.14, and 1.74 in the D group ($p < 0.05$). For the side effects, T group had 4 occurrences (11.4%) nausea vomiting, and zero in group D. This difference was significant, as indicated by the p value= 0.042 ($p < 0.05$).

Conclusion. The efficacy of 100 mg diclofenac sodium analgesia of rectal suppository is better than 100 mg tramadol rectal suppository, with smaller side effects within 24 hours after surgery.

Keywords : Sodium Diclofenac, Tramadol, Rectal Suppository, Analgesia Efficacy, Post-Cesarean Section