

JENIS TINDAKAN OPERASI SEBAGAI FAKTOR PREDIKTOR WAKTU PENCAPAIAN *FULL ENTERAL FEEDING* PADA NEONATUS PASCAOPERASI TRAKTUS GASTROINTESTINAL

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INTISARI

Latar belakang. Mencapai target *enteral feeding* secepat mungkin dengan aman dan mendukung pertumbuhan merupakan salah satu target yang harus dicapai neonatus pascaoperasi. Jenis tindakan operasi merupakan salah satu hambatan untuk mencapai target tersebut. Berdasarkan teori tindakan operasi tersebut akan mengubah kondisi anatomi dan fisiologi dari usus, mempengaruhi absorpsi dan toleransi pemberian nutrisi enteral yang selanjutnya akan berpengaruh terhadap waktu pencapaian *full enteral feeding* (FEF). Namun terdapat faktor-faktor lain yang juga berpengaruh terhadap waktu pencapaian FEF. Dengan mengetahui faktor prediktor terhadap waktu pencapaian FEF maka dapat digunakan sebagai dasar pertimbangan dalam pengelolaan bayi pascaoperasi traktus gastrointestinal di masa mendatang.

Tujuan. Membuktikan bahwa jenis tindakan operasi sebagai faktor prediktor yang signifikan terhadap waktu yang diperlukan untuk mencapai FEF

Metode. Penelitian observasional kohort retrospektif menggunakan data rekam medis neonatus pascaoperasi traktus gastrointestinal di NICU RSUP Dr. Sardjito Yogyakarta selama kurun waktu 2014-2019. Analisis survival, regresi cox bivariat dan multivariat digunakan untuk mengetahui hubungan antara faktor-faktor prediktor dengan waktu pencapaian FEF.

Hasil. Sebanyak 98 neonatus disertakan dan dianalisis dalam penelitian ini. Dalam waktu 14 hari pascaoperasi traktus gastrointestinal, sebanyak 73/98 (74,5%) subyek mencapai FEF. Laparotomi dengan reseksi dan atau anastomosis mempunyai risiko untuk gagal mencapai FEF 2,3 kali dibandingkan dengan tindakan laparotomi. Analisis multivariat menunjukkan bahwa tindakan laparotomi, berat lahir, durasi nutrisi parenteral, peningkatan enteral feeding, intoleransi feeding, dan sepsis terbukti berpengaruh pada waktu pencapaian FEF.

Kesimpulan. Tindakan laparotomi, berat lahir, durasi nutrisi parenteral, peningkatan enteral feeding, intoleransi feeding, dan sepsis merupakan faktor prediktor waktu pencapaian FEF pada neonatus pascaoperasi traktus gastrointestinal

Kata kunci: neonatus, operasi traktus gastrointestinal, *full enteral feeding*

THE TYPE OF SURGERY AS PREDICTIVE FACTOR FOR TIME TO FULL ENTERAL FEEDING IN THE POSTOPERATIVE GASTROINTESTINAL TRACT NEONATES

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ABSTRACT

Background. Reaching the enteral feeding target safely as quickly and safely as possible and also supporting growth is one of the targets that must be achieved by postoperative neonates. The type of surgery is one of the obstacles to achieving this target. Theoretically those surgery will change the anatomical and physiological conditions of the intestine, affect absorption and feeding tolerance which further affect the achievement time of full enteral feeding (FEF). However, there are another factors that contribute the time to FEF. By knowing the predictive factors for the time to FEF, it can be used as a consideration in the management of neonates after gastrointestinal tract surgery in the future.

Objectives. To prove the type of surgery as a significant predictor of postoperative gastrointestinal tract for the time to FEF

Methods. A retrospective cohort study using medical records of neonates with postoperative gastrointestinal tracts was conducted at the NICU RSUP Dr. Sardjito Yogyakarta in the 2014-2019 period. Survival analysis, bivariate and multivariate cox regression were used to determine the relationship between the predictive factors and time to FEF.

Results. A total of 98 neonates were included and analyzed in this study. Within 14 days after postoperative gastrointestinal tract, 73/98 (74.5%) subjects achieved FEF. Laparotomy with resection and or anastomosis has risk for failure to reach FEF 2,3 times higher than laparotomy procedure. Multivariate analysis showed laparotomy, birth weight, duration of parenteral nutrition, advancement of enteral feeding, intolerance feeding, and sepsis were proven to predict the time to FEF.

Conclusion. Postoperative laparotomy, birth weight, duration of parenteral nutrition, advancement of enteral feeding, intolerance feeding, and sepsis are predictors of time to FEF in neonates after gastrointestinal tract surgery.

Keywords: neonate, gastrointestinal tract surgery, full enteral feeding