

ABSTRAK

Latar Belakang: Kanker servik di Indonesia merupakan kanker pada perempuan tertinggi kedua sebesar 23,4 per 100.000 penduduk dengan rata-rata kematian 13,9 per 100.000 penduduk. Prevalensi kanker tertinggi adalah di provinsi DI Yogyakarta 4,86 per 1000 penduduk. Brakiterapi merupakan tindakan intervensi menggunakan sumber radioaktif yang didekatkan ke malignansi. Tindakan brakiterapi menimbulkan rasa tidak nyaman yang dihasilkan dari stimulasi saat pemasangan alat, saat terapi dan saat pelepasan alat setinggi dermatom dan otonon saraf T10-S2. Anestesi spinal biasa digunakan pada brakiterapi pasien ginekologi, urologi, dan kanker rektal bagian bawah.

Tujuan: Tujuan penelitian ini adalah untuk mengetahui perbandingan waktu pulih motorik antara blok subaraknoid ropivakain 0,5 % isobarik 10 mg dengan blok subaraknoid levobupivakain 0,5 % isobarik 10 mg pada pasien brakiterapi di RSUP Dr. Sardjito

Metode : *Double blind randomized controlled trial* ini melibatkan 36 pasien yang menjalani brakiterapi di RSUP Dr. Sardjito, subyek penelitian dibagi menjadi 2 kelompok A adalah blok subaraknoid ropivakain isobarik 0,5 % 10 mg dan kelompok B blok subaraknoid levobupivakain 0,5 % isobarik 10 mg.

Hasil : Waktu pulih motorik kelompok ropivakain lebih cepat, 148.0 ± 35.37 menit dibandingkan kelompok levobupivakain 192.0 ± 23.47 menit, $P = 0,000$. Sensasi berkemih dan efek samping pada kedua kelompok didapati perbedaan tidak bermakna.

Kata Kunci: Kanker servik, brakiterapi, blok subaraknoid, pulih motorik, skor bromage.

ABSTRACT

Background: Cervical cancer in Indonesia is the second highest cancer in women at 23.4 per 100,000 population with an average death rate of 13.9 per 100,000 population. The highest cancer prevalence in the province of DI Yogyakarta 4.86 per 1000 population. Brachytherapy is an intervention using radioactive sources that are brought closer to the malignancy. The intervention of brachytherapy causes discomfort resulting from stimulation during the insertion of the device and when the device is released at the level of the dermatome and the T10-S2 nerve autonomy. Spinal anesthesia is commonly used in brachytherapy in patients with gynecology, urology, and lower rectal cancer.

Objective: The aim of this study was to compare ratio of motoric recovery time between subarachnoid block ropivacaine 0.5% isobaric 10 mg and subarachnoid block levobupivacaine 0.5% isobaric 10 mg in brachytherapy patients at RSUP Dr. Sardjito

Methods: This double blind randomized controlled trial involved 40 patients undergoing brachytherapy at Dr. Sardjito, the research subjects were divided into two groups. Group A was injected via subarachnoid block with ropivacaine isobaric 0.5% 10 mg and group B was injected via subarachnoid block with levobupivacaine 0.5% isobaric 10 mg.

Results: The motoric recovery time of the ropivacaine group was faster, 148.0 ± 35.37 minutes than the levobupivacaine 192.0 ± 23.47 minutes group, $P = 0.000$. The sensation of urination and side effects in the two groups were not significantly different.

Keywords: Cervical cancer, brachytherapy, subarachnoid block, motoric recovery, bromage score.