HUBUNGAN HASIL SKRINING SIMPLE NUTRITION SCREENING TOOLS (SNST) DAN SUBJECTIVE GLOBAL ASSESMENT (SGA) PREOPERASI DENGAN KOMPLIKASI PASCA OPERASI PADA PASIEN BEDAH DIGESTIF RS. SARDJITO
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Dinda Krisma Cahyaningrum [1], Susetyowati [2], Adeodatus Y. Handaya [3]

INTI SARI

Latar Belakang : Kejadian malnutrisi pada pasien bedah, terutama pasien bedah digestif cukup tinggi . Malnutrisi pada pasien bedah dikaitkan dengan kurang baiknya outcome pasca operasi salah satunya adalah komplikasi pasca operasi. Di Indonesia telah dikembangkan metode skrining gizi yang mudah, murah dan cepat *yaitu Simple Nutrition Screening Tool* (SNST). Belum dilakukan penelitian tentang SNST dan komplikasi pasca operasi. Berdasarkan latar belakang tersebut, perlu dilakukan penelitian tentang hubungan hasil skrining SNST dan kejadian komplikasi pasca operasi dengan menyertakan *Subjective Global Assesment* (SGA) yang biasanya digunakan sebagai *gold standar* alat skrining.
Tujuan : Melihat hubungan hasil skrining gizi SNST dan SGA dengan komplikasi pasca operasi pada pasien bedah digestif RS. Sardjito. Serta melihat faktor dominan yang mempengaruhi komplikasi pasca operasi.
Metode : Penelitian Observasional dengan rancangan *Cohort prospective.* Jumlah subjek adalah 70 pasien bedah digestif rawat inap RS. Sardjito. Metode sampling yang digunakan adalah *consecutive sampling.* Skrining menggunakan SNST dan Assesmen menggunakan SGA dilakukan saat awal subjek masuk rumah sakit (preoperasi). Kemudian subjek dibagi menjadi kelompok beresiko malnutrisi/malnutrisi dan tidak beresiko malnutrisi/malnutrisi berdasarkan hasil SNST dan SGA. Subjek kemudian diikuti sampai operasi dilakukan dan diperbolehkan pulang. Asupan energi dan protein preoperasi dilihat dengan metode *visual comestock* dan *recall*. Komplikasi pasca operasi dilihat dalam rekam medis setelah pasien selesai operasi sampai diperbolehkan pulang.
Hasil : skrining SNST memiliki hubungan yang bermakna dengan kejadian komplikasi pasca operasi ($p<0.001$) dengan *risk rasio* sebesar 15. Assesment SGA memiliki hubungan yang bermakna dengan komplikasi pasca operasi ($p<0.001$) dengan *risk rasio* sebesar 16.95. Selain itu , variable asupan energi dan protein preoperasi , jenis bedah dan teknik bedah juga memiliki hubungan yang bermakna dengan komplikasi pasca operasi ($p<0.05$). Analisis multivariat menunjukkan bahwa variable yang paling dominan mempengaruhi komplikasi pasca operasi adalah status gizi berdasarkan SGA ($p<0.05$)
Kesimpulan : Pasien bedah digestif yang beresiko malnutrisi berdasarkan SNST dan pasien yang malnutrisi berdasarkan SGA memiliki resiko yang lebih tinggi mengalami komplikasi pasca operasi. Status gizi berdasarkan SGA merupakan variable paling dominan yang mempengaruhi komplikasi pasca operasi.
Kata kunci : Status gizi preoperasi, SNST, SGA, komplikasi pasca operasi, bedah digestif

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UNIVERSITAS GADJAH MADA
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Association of Simple Nutrition Screening Tool (SNST) and Subjective Global Assesment (SGA) With Postoperative Complication In Sardjito Hospital's Digestive Surgical Patients

Dinda Krisma Cahyaningrum [1], Susetyowati [2], Adeodatus Y. Handaya [3]

Abstract

Background: The incidence of malnutrition in surgical patients, especially digestive surgical patients is quite high. Malnutrition in surgical patients has been associated with poor postoperative outcomes, one of which is postoperative complications. In Indonesia, nutrition screening methods have been developed that are easy, cheap and fast, namely Simple Nutrition Screening Tool (SNST). No research has been done on SNST and postoperative complications. Based on this background, it is necessary to conduct research on the relationship of SNST screening results and the incidence of postoperative complications by including Subjective Global Assessment (SGA) which is usually used as a standard gold screening tool.

The goals : Looking at the relationship between SNST screening results and SGA with postoperative complications in digestive surgery patients at Sardjito Hospital. As well as looking at the dominant factors affecting postoperative complications.

Method : Observational Research with prospective Cohort design. The number of subjects was 70 digestive surgerical inpatient of Sardjito Hospital. Sampling method used is consecutive sampling. Screening using SNST and Assessment using SGA was done at the beginning of the subject in the hospital (preoperative). Then the subjects were divided into groups at risk of malnutrition/malnutrition and not at risk of malnutrition/ not malnutrition based on the results of SNST and SGA. The subject followed until surgery was performed and allowed to go home. Preoperative energy and protein intake was seen by visual comestock and recall methods. Postoperative complications were seen in the medical records after the patient has completed the operation until they were discharged.

Results: SNST screening has a meaningful relationship with postoperative complications ($p<0.001$) with a risk ratio of 15. SGA assessment has a meaningful relationship with postoperative complications ($p<0.001$) with a risk ratio of 16.95. In addition, variable preoperative energi and protein intake and types of surgical actions also have a meaningful relationship with postoperative complications ($p<0.05$). Multivariate analysis shows that the most dominant variable affecting postoperative complications is nutritional status based on SGA ($p<0.05$)

Conclusions : Digestive surgical patients who are at risk of malnutrition based on SNST and patients who are malnourished under SGA have a higher risk of postoperative complications. Nutritional status based on SGA is the most dominant variable that affects postoperative complications.

Keywords: preoperative Nutritional Status, SNST, SGA, postoperative complications, digestif surgery

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