

FAKTOR-FAKTOR YANG MEMENGARUHI PERUBAHAN STATUS GIZI PADA PASIEN BEDAH MAYOR DI RSUP DR SARDJITO

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INTISARI

Latar Belakang: Kejadian malnutrisi pada pasien bedah mayor sering terjadi. Dilaporkan sekitar 16–67% pasien bedah mengalami malnutrisi sebelum pembedahan. Pasien pembedahan mengalami perubahan status gizi disebabkan karena faktor-faktor gangguan pencernaan, peningkatan proses katabolisme, peningkatan sintesis protein, serta turunnya anabolisme. Deteksi dini dengan menggunakan skrining gizi perlu dilakukan untuk mencegah malnutrisi. SNST merupakan suatu metode skrining gizi yang sederhana, mudah, cepat, dan valid yang dapat digunakan untuk semua pasien dewasa di rumah sakit.

Tujuan: Penelitian ini bertujuan untuk mengetahui faktor-faktor yang memengaruhi perubahan status gizi pada pasien bedah mayor di RSUP Dr. Sardjito.

Metode: Penelitian observasional dengan rancangan *Nested Case-Control* yang dilaksanakan pada bulan Januari–Agustus 2020 di bangsal bedah RSUP Dr. Sardjito Yogyakarta. Subjek sebanyak 51 orang terdiri dari 36 orang dalam kelompok kasus dan 15 orang dalam kelompok kontrol. Sampel diambil secara *consecutive sampling*. Semua subjek diskruining menggunakan alat skrining SNST pada 1x24 jam masuk rumah sakit dan dilakukan skrining ulang setelah pembedahan. Data karakteristik subjek, jenis penyakit, dan jenis bedah diperoleh melalui wawancara dan rekam medis. Data asupan diperoleh melalui penilaian dengan *food recall* dan *visual Comstock*. Data dianalisis menggunakan uji *Chi-Square*.

Hasil: Hasil yang diperoleh menunjukkan terdapat hubungan yang bermakna antara jenis penyakit ($p < 0,001$), jenis bedah ($p < 0,001$), dan asupan energi perioperatif ($p = 0,017$) dengan perubahan status gizi pada pasien bedah mayor. Faktor lain seperti usia ($p = 0,333$) dan asupan protein perioperatif ($p = 0,167$) tidak terdapat hubungan yang bermakna dengan perubahan status gizi pada pasien bedah mayor.

Kesimpulan: Tidak terdapat hubungan antara usia dan asupan protein perioperatif dengan perubahan status gizi pada pasien bedah mayor. Terdapat hubungan antara jenis penyakit, jenis bedah, dan asupan energi perioperatif dengan perubahan status gizi pada pasien bedah mayor.

Kata Kunci: Status Gizi, SNST, Asupan Energi dan Protein, Bedah Mayor

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FACTORS AFFECTING CHANGES IN NUTRITIONAL STATUS IN MAJOR SURGERY PATIENTS AT THE DR SARDJITO HOSPITAL

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ABSTRACT

Background: Malnutrition is common among patients undergoing major surgery. Between 16 and 67 percent of surgical patients are malnourished before their operation. Surgical patients experience changes in nutritional status due to factors of digestive disorders, increased catabolism processes, increased protein synthesis, and decreased anabolism. Early detection using nutrition screening needs to be done to prevent malnutrition. SNST is a simple, easy, fast, and valid nutrition screening method that can be used for all adult patients in hospitals.

Objective: This study was aimed to determine factors affecting changes in nutritional status in major surgery patients at the Dr. Sardjito Hospital.

Methods: This is an observational study with a Nested Case-Control design that was conducted in January–August 2020 in the department of surgery at Dr. Sardjito Hospital. Fifty-one people were subjected to this study, with 36 people in the case group and 15 people in the control group. Samples were taken by consecutive sampling. All subjects were screened using SNST at the first 24 hours of admission and repeat screening after surgery. Data on subject characteristics, type of illness, and types of surgery were obtained through interviews and medical records. The intake data is obtained through assessment with food recall and visual Comstock. Data were analyzed by using the Chi-Square test.

Result: The results obtained showed significant associations between type of illness ($p < 0,001$), type of surgery ($p < 0,001$), dan perioperative energy intake ($p = 0,017$) with changes in nutritional status in major surgery patients. Other factors such as age ($p = 0,333$) dan perioperative protein intake ($p = 0,167$) had no significant association with changes in nutritional status in major surgery patients.

Conclusion: There is no correlation between age and perioperative protein intake with changes in nutritional status in major surgery patients. There are significant correlations between the type of illness, type of surgery, and perioperative energy intake with changes in nutritional status in major surgery patients.

Keyword: Nutrition Status, SNST, Energy and Protein Intake, Major Surgery

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