INTISARI

Latar belakang: Pembedahan atau operasi adalah semua tindakan pengobatan yang menggunakan cara invasif dengan membuka atau menampilkan bagian tubuh yang akan ditangani. Tidak nyeri adalah salah satu tujuan pasien dilakukan tindakan anestesi baik dengan teknik anestesi umum (menggunakan gas anestesi ataupun obat-obat intravena) ataupun dengan teknik anestesi regional dengan keuntungan dan kerugian masing-masing serta memberikan pengaruh terhadap *lengh of stay* di *recovery room* yang berbeda. Nyeri yang tidak tertangani atau tertangani tetapi disertai efek samping, dapat menyebabkan pemanjangan *lengh of stay* pasien di *recovery room*.

Tujuan: Untuk mengetahui pengaruh teknik anestesi umum dan anestesi regional terhadap *length of stay* pasien di *recovery room* RSUP Dr. Sardjito Yogyakarta.

Metode: Penelitian ini menggunakan desain studi kohort retrospektif pada 131 pasien yang menjalani operasi elektif di RSUP Dr. Sardjito. Pasien dengan length of stay recovery room ⩾60 menit dianggap mengalami pemanjangan *length of stay* Kriteria eksklusi pasien meliputi: pasien yang langsung dirawat di *Intensive Care Unit* (ICU), pasien yang menjalani operasi *one day care*, pasien yang menggunakan anestesi kombinasi (umum dan regional), pasien dengan usia<18 tahun dan tidak memiliki kelengkapan terkait variabel yang diukur, yakni usia, jenis kelamin, BMI, tingkat risiko pembedahan (mayor atau non-mayor), penggunaan teknik anestesi dan *length of stay* pasien dalam *recovery room*. Durasi *recovery room* pasien diukur kemudian diolah menggunakan *Chi-square test* dan dilanjutkan dengan uji regresi logistik dengan kemaknaan $p < 0.05$.

Hasil Penelitian: Dari hasil *bivariate* analisis yang dilakukan, tidak ada hubungan signifikan antara pemanjangan *length of stay* di *recovery room* terhadap perbedaan anestesi umum dan regional (p=0,533), jenis kelamin laki-laki dan perempuan (p=0,695), usia <60 tahun dan ⩾60 tahun (p=1,000), BMI *underweight,* normal, *overweight* (p=0,181), tingkat risiko pembedahan mayor dan non-mayor (p=0,212). Dari hasil analisis *multivariate,* didapatkan bahwa perbedaan BMI (p=0,155, OR=0,682[0,403-1,157]), jenis kelamin (p=0,640, OR=1,173[0,601-2,292]), tingkat risiko pembedahan (p=0,215, OR=1,556[0,774-3,128]) memiliki hubungan yang tidak signifikan terhadap terjadinya pemajangan durasi *length of stay* pasien di *recovery room* RSUP Dr. Sardjito Yogyakarta.

Kesimpulan: Jenis anestesi, jenis kelamin, usia, klasifikasi BMI, dan tingkat risiko pembedahan tidak memberikan perbedaan yang signifikan terhadap pemanjangan *length of stay* di *recovery room* pasien RSUP Dr. Sardjito.

Kata Kunci: Anestesi umum, anestesi regional, *length of stay* di *recovery room*.

ABSTRACT

Background: Surgery or surgery is all treatment actions that use invasive methods by opening or displaying the body part to be treated. Painlessness is one of the goals of anesthesia, either with general anesthesia techniques (using anesthetic gases or intravenous drugs) or with regional anesthesia techniques, each with its own advantages and disadvantages and affects the length of stay in different recovery rooms. Untreated pain or pain accompanied by side effects, can cause the patient to stay in the recovery room for a long time.

Objective: To determine the effect of general anesthesia and regional anesthesia techniques on the length of stay of patients in the recovery room of dr. Sarjito Yogyakarta.

Methods: This study used a retrospective cohort study design on 131 patients who underwent elective surgery at dr. Sarjito. Patients with a length of hospitalization of ⩾60 minutes were considered to experience a prolonged length of stay. Patient exclusion criteria included: patients who were immediately admitted to the Intensive Care Unit (ICU), patients who underwent one day care surgery, patients who used a combination (general and regional).), patients aged <18 years and did not have completeness related to the variables measured, namely age, gender, BMI, surgical risk level (major or non-major), use of anesthetic technique and length of stay of the patient in the recovery room. The measured recovery room duration was then processed using the Chi-square test and followed by a logistic regression test with a significance of $p < 0.05$.

Results: From the results of the bivariate analysis conducted, there was no significant relationship between length of hospitalization and differences in general and regional anesthesia (p=0.533), male and female sex (p=0.695), age <60 years and 60 years. years (p=1,000), BMI underweight, normal, overweight (p=0.181), risk level for major and non-major surgery (p=0.212). From the results of multivariate analysis, it was found that differences in BMI (p=0.155, OR=0.682[0.403-1.157]), gender (p=0.640, OR=1.173[0.601-2.292]), risk risk (p=0.215, OR = 1.556[0.774-3.128]) had no significant relationship with the duration of patient stay in the recovery room of Dr. RSUP. Sardjito Yogyakarta.

Conclusion: Anesthesia technique, gender, age determination, BMI classification, and surgical risk level did not provide a significant difference to the length of stay in the recovery room for patients at RSUP dr. Sarjito.

Keywords: General anesthesia, regional anesthesia, length of stay in the recovery room**.**