

## INTISARI

- Tujuan** : membandingkan efek pemberian ondansetron dan lidokain intravena sebelum induksi dalam upaya menekan respon hemodinamik selama laringoskopi dan intubasi trakea.
- Rancangan penelitian** : *Randomized controlled trial* dengan pembutaan ganda.
- Ruang lingkup** : Pria dan wanita yang menjalani bedah mayor elektif di Instalasi Bedah Sentral RSUP Dr. Sarjito.
- Subyek** : Tigapuluh pasien berumur 18-45 tahun, *Body mass Index (BMI)* dalam batas normal (18,5-24,9), status fisik ASA I.
- Intervensi** : Subyek dilokasikan secara acak dibagi 2 kelompok, kelompok yang mendapat ondansetron 0,1 mg/kgbb dan kelompok yang mendapat lidokain 1,5 mg/kgbb, masing-masing 10 menit dan 2 menit sebelum laringoskopi dilakukan.
- Pengukuran utama** : Tekanan darah dan laju nadi dicatat sesudah mendapat infus larutan ringer dextrose dan Midazolam 0,5 mg/kgbb, kemudian 1 menit sebelum dan sesudah injeksi ondansetron atau lidokain, pada waktu induksi, dan segera setelah terintubasi, lalu 1,4,7 dan 10 menit sesudah terintubasi.
- Hasil** : Tidak terdapat perbedaan peningkatan respon hemodinamik pada kelompok ondansetron maupun lidokain. Tekanan sistolik, tekanan diastolik dan laju nadi sesudah intubasi lebih rendah pada kelompok ondansetron, tetapi tidak ada perbedaan secara statistik ( $p > 0,05$ ). Walaupun bila dibandingkan dengan keadaan hemodinamik setelah mendapat ondansetron atau lidokain, terdapat perbedaan yang bermakna antara perubahan laju nadi pada kelompok ondansetron dan lidokain. Tidak ditemukan adanya efek samping pemberian ondansetron dan lidokain pada penelitian ini.
- Kesimpulan** : Pemberian ondansetron intravena tidak efektif untuk mencegah respon hemodinamik selama laringoskopi dan intubasi trakea, sama halnya dengan pemberian lidokain intravena.

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**Kata kunci** : *Laringoskopi dan intubasi trakea, respon hemodinamik, ondansetron, lidokain.*

## ABSTRACT

**Purpose** : To compared the effects of an IV administration of ondansetron and lidocaine before induction on hemodynamic responses associated with laryngoscopy and tracheal intubation.

**Design** : Double-blinded, randomized controlled trial.

**Setting** : Male and female patients underwent elective major surgery, were performed general anesthesia in the central operating theatre of Sardjito General Hospital.

**Subjects** : Thirty patients, age 18-45 y old, body mass index (BMI) within normal limit (range 18,5-24,9), physically status ASA I.

**Intervention:** The subjects were randomly allocated to receive ondansetron (0.1 mg/kg) or lidocaine (1.5 mg/kg) 10 or 3 minutes before tracheal intubation, respectively..

**Main outcome measurements** : Blood pressures and heart rate were recorded after they received ringer dextrose solution and Midazolam 0,5 mg/kgbb as premedication at the operating theatre, and then 1 min before and after injection of ondansetron or lidocaine, durante induction, and immediately intubated, 1, 4, 7 and 10 min after intubation.

**Results** : No different in increasing of hemodynamic responses to laryngoscopy and intubation in both the ondansetron and lidocaine groups. Systolic blood pressures, diastolic pressures and heart rate after intubation were lower in the ondansetron group when compared with lidocaine group, but it were not significant ( $P > 0.05$ ). Eventhough increasing in heart rate were significantly lower in the ondansetron group at compare with lidocaine group ( $P < 0.05$ ) when the calculation performed on the hemodynamics condition after they received ondansetron or lidocaine. No adverse ondansetron effects were detected.

**Conclusions:** The IV administration of ondansetron blunted cardiovascular response produced by laryngoscopy and tracheal intubation uneffectively, and this effect had no different when compared with IV lidocaine.

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**Key words** : *laryngoscopy and tracheal intubation, Hemodynamic responses, ondansetron, lidocaine.*