

INTISARI

LATAR BELAKANG:

Kanker serviks merupakan penyakit keganasan ginekologi kedua terbanyak di dunia. *International Federation of Obstetrics and Gynecology* (FIGO) merekomendasikan kanker serviks stadium awal mendapat terapi histerektomi radikal dan diseksi limfonodi pelvis, dengan *survival rate* 70-100%. Terdapat kontroversi mengenai prosedur histerektomi radikal yang dapat merusak saraf autonom sehingga mengakibatkan disfungsi dasar panggul yang berpengaruh pada kualitas hidup penderita kanker serviks.

TUJUAN: Mengetahui peningkatan disfungsi dasar panggul pasca histerektomi radikal pada pasien kanker serviks stadium awal di RSUP Dr. Sardjito Yogyakarta.

MATERIAL DAN METODE: Penelitian ini menggunakan metode kohort prospektif melibatkan 30 subjek yang memenuhi kriteria eligibilitas. Penilaian disfungsi dasar panggul menggunakan kuesioner PFDI-20 yang telah divalidasi dalam bahasa Indonesia. Penilaian awal berupa ada atau tidak nya disfungsi dasar panggul pada subjek. Evaluasi dilakukan 4 minggu pasca operasi. Variabel luar yang dievaluasi adalah usia, paritas, indeks massa tubuh dan menopause. Analisis data menggunakan uji *chi-square* dan uji regresi logistik.

HASIL: Dari 30 subjek penelitian didapatkan 13 subjek usia ≥ 50 tahun, 24 subjek multipara, 18 subjek indeks massa tubuh ≥ 25 kg/m² dan 11 subjek menopause. Berdasarkan disfungsi dasar panggul sebelum histerektomi radikal, terdapat 6 subjek (20%) mengalami disfungsi dasar panggul dan 24 subjek (80%) fungsi panggul normal. Kelompok dengan disfungsi dasar panggul, pasca operasi sebanyak 1 subjek mengalami disfungsi dasar panggul memberat, 4 subjek (66,66%) disfungsi menetap dan 1 subjek (16,66%) fungsi panggul normal. Sedangkan kelompok dengan fungsi dasar panggul normal, pasca histerektomi radikal sebanyak 11 subjek (45,83%) mengalami disfungsi dasar panggul dan 13 subjek (54,16%) tanpa disfungsi dasar panggul. Hasil analisis bivariat, diperoleh bahwa terdapat hubungan antara histerektomi radikal dengan disfungsi dasar panggul (nilai $p=0,038$; RR 1,818; CI 95% 1,035-3,193). Pasien dengan disfungsi dasar panggul sebelumnya memiliki risiko 1,8 kali mengalami disfungsi dasar panggul pasca operasi dibandingkan dengan kelompok dengan fungsi panggul normal. Berdasarkan hasil analisis multivariat histerektomi radikal tidak berbeda bermakna secara statistika dalam mempengaruhi kejadian disfungsi dasar panggul (nilai $p=0,260$; RR 1,589; CI 95% 0,823-3,068), namun secara klinis pasien dengan disfungsi dasar panggul sebelumnya 1,58 kali lebih besar mengalami disfungsi dasar panggul pasca operasi dibandingkan dengan kelompok normal.

KESIMPULAN: Pasien kanker serviks stadium awal yang telah memiliki disfungsi dasar panggul sebelum operasi, pasca histerektomi radikal 1,58 kali (RR 1,589) lebih berisiko mengalami keluhan disfungsi dasar panggul dibandingkan dengan pasien dengan fungsi panggul normal walaupun secara statistik tidak berbeda bermakna (nilai $p=0,260$; RR 1,589; CI 95% 0,823-3,068).

KATA KUNCI: kanker serviks stadium awal, histerektomi radikal, disfungsi dasar panggul, PFDI-20.

ABSTRACT

BACKGROUND: Cervical cancer is the second most common gynecologic malignancy in the world. The International Federation of Obstetrics and Gynecology (FIGO) recommends that early stage cervical cancer receive radical hysterectomy and pelvic lymph node dissection, with a survival rate of 70-100%. There is controversy about the radical hysterectomy procedure which can damage the autonomic nerves resulting in pelvic floor dysfunction that affects the quality of life of cervical cancer patients.

OBJECTIVE: To know increasing of incidence of pelvic floor dysfunction after radical hysterectomy in early stage cervical cancer patients at RSUP Dr. Sardjito Yogyakarta.

MATERIALS AND METHODS: This study used a pretest posttest design method involving 30 subjects who met the eligibility criteria. The diagnosis of pelvic floor dysfunction is made using the PFDI-20 questionnaire which has been validated in Indonesian. Initial assessment of the presence or absence of pelvic floor dysfunction in the subject. Evaluation was carried out 4 weeks postoperatively. The external variables evaluated were age, parity, body mass index and menopause. Data analysis used chi Square test and logistic regression test.

RESULTS: From 30 research subjects, 13 subjects aged ≥ 50 years, 24 multiparous subjects, 18 subjects with body mass index ≥ 25 kg/m² and 11 menopausal subjects. Based on the incidence of pelvic floor dysfunction before radical hysterectomy, 6 subjects (20%) had pelvic floor dysfunction and 24 subjects (80%) had normal pelvic function. The pelvic floor dysfunction group after radical hysterectomy, 1 subject experienced severe pelvic floor dysfunction, 4 subjects (66.66%) permanent dysfunction and 1 subject (16.66%) normal pelvic function. While the normal pelvic function group, after radical hysterectomy 11 subjects (45.83%) had pelvic floor dysfunction and 13 subjects (54.16%) had normal pelvic function. The results of bivariate analysis showed that there was a relationship between radical hysterectomy and pelvic floor dysfunction (p value = 0.038; RR 1.818; CI 95% 1.035-3.193). Patients with previous pelvic floor dysfunction had a 1.8 times risk of experiencing postoperative pelvic floor dysfunction compared to the normal group. Based on the results of multivariate analysis of radical hysterectomy, there was no statistically significant difference in influencing the incidence of pelvic floor dysfunction (p value=0.260; RR 1.589; CI 95% 0.823-3.068) but clinically, patients with previous pelvic floor dysfunction were 1.58 times more likely to have pelvic floor dysfunction than the normal group.

CONCLUSION: Early-stage cervical cancer patients who had been diagnosed with pelvic floor dysfunction before surgery, after radical hysterectomy were 1.58 times (RR 1.589) more likely to get complaint pelvic floor dysfunction than patients who had normal pelvic function although there was no statistically significant (p value=0.260; RR 1.589; CI 95% 0.823-3.068).

KEYWORDS: early stage cervical cancer, radical hysterectomy, pelvic floor dysfunction, PFDI-20.