

EFEKTIFITAS TERAPI PLATELET RICH FIBRIN (PRF) PADA LUKA DEHISENSI PASCA OPERASI LAPAROTOMI

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ABSTRAK

Latar Belakang: Dehisensi luka pasca laparotomi masih menjadi komplikasi bedah dengan prevalensi 1-3%. Penatalaksanaan dehisensi saat ini dibagi menjadi penatalaksanaan non operatif atau konservatif dan operatif. Penggunaan *Platelet Rich Fibrin* (PRF) merupakan suatu upaya untuk terapi non operatif pada pasien dehisensi luka pasca operasi. *Platelet Rich Fibrin* adalah fraksi plasma darah dengan konsentrasi fibrin dan trombosit 3-5 kali di atas nilai normal (konsentrasi trombosit pada *whole blood*).

Metode Penelitian: Merupakan penelitian *cross-sectional* yang dilakukan pada bulan September 2017 hingga Desember 2017, pada pasien pasca laparotomi kasus obstetri dan ginekologi yang mengalami dehisensi luka subtotal di departemen Obstetri dan Ginekologi RSUD Moewardi antara tahun 2013 hingga 2017. Subjek dibagi menjadi 2 kelompok, yaitu kelompok 1 pasien dehisensi subtotal luka pasca operasi obstetri dan ginekologi yang mendapatkan terapi non operatif konvensional, sedangkan kelompok 2 yang mendapatkan terapi non operatif dengan pemberian PRF, yang memenuhi kriteria inklusi dan eksklusi. Total masing-masing kelompok 15 sampel kemudian dilakukan uji T.

Hasil: Didapatkan masing-masing 15 sampel penelitian yang memenuhi kriteria inklusi dan eksklusi untuk masing-masing kelompok kasus dan konvensional. Uji statistik rerata lama penyembuhan luka pada kelompok konvensional lebih lama (12.60 ± 2.58 hari) dari pada kelompok PRF (7.0 ± 3.52 hari) dengan $p=0.001$ ($p < 0.05$). Biaya pada kelompok PRF lebih murah ($4.511.362 \pm 2.977.934$) dibandingkan biaya pada kelompok konvensional ($12.540.735 \pm 8.227.433$) dengan $p=0.001$ ($p < 0.05$).

Kesimpulan: Pasien dengan pemberian PRF memiliki lama penyembuhan luka lebih cepat dengan biaya lebih murah dibandingkan terapi konvensional.

Kata Kunci: dehisensi luka pasca operasi, PRF, lama penyembuhan

EFFECTIVENESS OF PLATELET RICH FIBRIN (PRF) THERAPY TOWARD WOUND DEHISCENCE OF POST-OPERATIVE LAPAROTOMY

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ABSTRACT

Background: The wound dehiscence of post-laparotomy remains a surgical complication with prevalence between 1-3%. The current management of wound dehiscence is divided into operative and non-operative or conservative management. Platelet rich fibrin (PRF) is blood plasma fraction with fibrin concentration and platelets 3-5 times higher than normal value (platelet concentration in whole blood).

Methods: This was a cross-sectional study held from September 2017 to December 2017 on obstetrics and gynecology post-laparotomy patients undergoing subtotal wound dehiscence in the department of Obstetrics and Gynecology at Moewardi hospital from 2013 to 2017. They were divided into 2 groups, group 1 consisted of patients with subtotal wound dehiscence after obstetric and gynecological operation receiving conventional non-operative therapy, and group 2 was those having a subtotal wound dehiscence after obstetrics and gynecological operation receiving non-operative treatment with PRF, and meeting the inclusion and exclusion criteria. Each group consisted of 15 samples, then, they were analyzed using t-test.

Results: There were 15 samples in each group meeting the inclusion and exclusion criteria for both case and control groups. The statistical test showed that the average duration of wound healing in control group (12.60 ± 2.58) was longer than in PRF group (7.0 ± 3.52) with significance of value $p = 0.001$ ($p < 0.05$). PRF group spent less cost ($4.511.362 \pm 2.977.934$) compared with conventional therapy ($12.540.735 \pm 8.227.433$) with $p = 0.001$ ($p < 0.05$).

Conclusions: Patients with PRF had faster wound healing duration, and the result was statistically significant with $p = 0.001$ ($p < 0.05$). PRF therapy also had more cost-effectiveness compared with conventional therapy with $p = 0.001$ ($p < 0.05$).

Keywords: post-operative wound dehiscence, PRF, duration of healing.