

PENGARUH POSISI MIRING KIRI TERHADAP *MEAN ARTERIAL PRESSURE* PASIEN *SECTIO CAESAREA* PASCA SPINAL ANESTESI DI RUANG PEMULIHAN RSUD KABUPATEN TEMANGGUNG

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ABSTRAK

Latar Belakang: Tindakan pembedahan *sectio caesarea* dengan menggunakan teknik anestesi spinal lebih banyak dipilih dibandingkan dengan anestesi umum. Pemilihan teknik anestesi spinal pada pasien *sectio caesarea* ini bisa menyebabkan penurunan nilai *mean arterial pressure* (MAP) kurang dari 70 mmHg dengan angka kejadian mencapai 60-70% pada awal operasi. Penurunan MAP di ruang pemulihan menjadi lebih rendah dengan presentase kejadian 30-50%.

Tujuan Penelitian: Mengetahui pengaruh posisi miring kiri terhadap *mean arterial pressure* pasien *sectio caesarea* pasca spinal anestesi.

Metode Penelitian: Penelitian *quasi eksperiment* dengan desain penelitian *non randomized control group pretest posttest design*, dilaksanakan pada bulan Februari – Maret 2023. Teknik pengambilan sampel menggunakan *consecutive sampling* dengan sampel pasien *sectio caesarea* 23 orang kelompok pembanding dan 23 orang kelompok intervensi. Analisis data menggunakan uji *wilcoxon* yang dilanjutkan dengan uji *Mann Whitney*.

Hasil Penelitian: Mayoritas responden mengalami peningkatan *mean arterial pressure* setelah dilakukan tindakan posisi miring kiri selama 9 menit. Sedangkan pada kelompok pembanding mayoritas mengalami penurunan *mean arterial pressure* setelah 9 menit tanpa tindakan posisi miring kiri. Hal ini menunjukkan bahwa setelah dilakukan tindakan posisi miring kiri sebagian besar responden mengalami peningkatan *mean arterial pressure*. Uji *wilcoxon* menunjukkan nilai signifikansi $p = 0,004$ ($p = 0,05$) dan uji *Mann Whitney* menunjukkan nilai signifikansi $p = 0,006$ ($p < 0,05$).

Kesimpulan: Ada pengaruh posisi miring kiri terhadap *mean arterial pressure* pasien *sectio caesarea* pasca spinal anestesi di ruang pemulihan RSUD Kabupaten Temanggung.

Kata Kunci: Posisi Miring Kiri, *Mean Arterial Pressure*, *Sectio Caesarea*, Spinal Anestesi

Keterangan :

1 Mahasiswa Prodi Sarjana Terapan Keperawatan Anestesiologi

2,3 Dosen Jurusan Keperawatan Poltekkes Kemenkes Yogyakarta

EFFECT OF LEFT LATERAL TILT POSITION ON MEAN ARTERIAL PRESSURE IN SECTIO CAESAREA PATIENTS AFTER SPINAL ANESTHESIA IN THE RECOVERY ROOM RSUD TEMANGGUNG REGENCY

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ABSTRACT

Background: *Sectio caesarea surgery using spinal anesthesia is widely chosen than general anesthesia. The choice of spinal anesthesia in sectio caesarea patients can cause a decrease in the mean arterial pressure (MAP) value of less than 70 mmHg with an incidence rate of 60-70% at the early stage of surgery. The decrease incidence MAP in the recovery room is lower with an percentage of 30-50%.*

Research Objective: *To determine the effect of left lateral tilt position on the mean arterial pressure of sectio caesarea patients after spinal anesthesia.*

Research Method: *A quasi-experimental study with a non-randomized control group pretest posttest design, conducted in February – March 2023. The consecutive sampling is used as a sampling technique with a sample of 23 sectio caesarean patients in control group and 23 sectio caesarean patients in intervention group. Data analysis using the Wilcoxon test followed by the Mann Whitney test.*

Research Result: *The majority of respondents experienced an increase in mean arterial pressure after 9 minutes of left lateral tilt position. In the control group, the majority experienced a decrease in mean arterial pressure after 9 minutes without left lateral tilt position. This shows that after the left lateral tilt intervention, most of the respondents experienced an increase in mean arterial pressure. The Wilcoxon test showed a significance value of $p = 0.004$ ($p = 0.05$) and the Mann Whitney test showed a significance value of $p = 0.006$ ($p < 0.05$).*

Conclusion: *There is an effect of left lateral tilt position on the mean arterial pressure of sectio caesarea patients after spinal anesthesia in the recovery room at RSUD Temanggung Regency.*

Keywords: *Left Lateral Tilt Position, Mean Arterial Pressure, Sectio Caesarean, Spinal Anesthesia*