

HUBUNGAN KETINGGIAN BLOK SPINAL ANESTESI DENGAN KEJADIAN HIPOTENSI INTRA OPERATIF DI IBS RSUD SLEMAN

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ABSTRAK

Latar Belakang: Anestesi regional *Sub Arachnoid Block (SAB)* menghasilkan ketinggian blok tertentu yang menyebabkan ketidakstabilan hemodinamik. Hal ini terjadi karena vasodilatasi pembuluh darah dan saraf simpatis yang terblokir sehingga mendominasi kinerja dari saraf parasimpatis.

Tujuan Penelitian: Mengetahui Hubungan Ketinggian Blok Spinal Anestesi dengan Kejadian Hipotensi pada Pasien Intra Operatif di IBS RSUD Sleman

Metode Penelitian: Penelitian ini merupakan penelitian kuantitatif non eksperimental dengan rancangan penelitian korelasional analitik dan desain penelitian *survey cross sectional*. Sampel penelitian berjumlah 52 responden pasien spinal anestesi. pengambilan sampel dengan konsektif sampling, uji statistic yang digunakan adalah uji *Fisher's Exact*

Hasil Penelitian: Dari 20 orang yang mengalami blok *high* spinal, seluruhnya yaitu 20 orang (100%) mengalami hipotensi. Dari 32 responden yang mengalami blok ketinggian pembedahan dan kulit 2 orang (6,25%) mengalami hipotensi dan 30 orang (93,75%) tidak hipotensi. Uji *Fisher's Exact* menunjukkan nilai signifikansi $p=0,000$ ($P<0,05$), artinya ada hubungan ketinggian blok spinal anestesi dengan kejadian hipotensi intra operatif di IBS RSUD Sleman

Kesimpulan: Terdapat hubungan antara ketinggian blok spinal anestesi dengan kejadian hipotensi intra operatif di IBS RSUD Sleman

Kata Kunci: Hipotensi, Ketinggian Blok Spinal, Spinal Anestesi.

**THE RELATION OF *HIGHT* OF SPINAL ANESTHESIA BLOK WITH
THE INCIDENCE OF INTRA-OPERATIVE HYPOTENSION IN IBS
RSUD SLEMAN**

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ABSTRACT

Background: Regional anesthetics Sub Arachnoid Block (SAB) produces a certain block height which causes hemodynamic instability. This happens because vasodilation of blood vessels and sympathetic nerves are blocked so that it dominates the performance of the parasympathetic nerves.

Objective: Knowing the relation of *hight* of spinal anesthesia blok with the incidence of intra-operative hypotension in IBS RSUD Sleman

Method: This research is a non-experimental quantitative research with analytic correlational research design and cross sectional survey research design. The study sample consisted of 52 respondents spinal anesthesia patients. sampling with consecutive sampling, the statistical test used is the Fisher's Excact test

Result: Of the 20 people who experienced *high* spinal blocks, all of them (20%) experienced hypotension. Of 32 respondents who experienced surgery height and skin block 2 people (6.25%) experienced hypotension and 30 people (93.75%) did not have hypotension. Fisher's Excact test showed a significance value of $p = 0,000$ ($P < 0.05$), meaning that there was a relationship between the height of the spinal anesthesia blok with the incidence of intra-operative hypotension in IBS RSUD Sleman

Conclusion: There is a the relation of *hight* of spinal anesthesia blok with the incidence of intra-operative hypotension in IBS RSUD Sleman

Keywords: Hypotension, Height of the Spinal Blok, Spinal Anesthesia