

**STANDARDIZED NUTRITION PROCESS FOR MAMMAE CANCER
PATIENTS WITH MRM MASTECTOMY SINISTRA AXILLA
DISSECTION AT RSPAU dr. SUHARDI HARDJOLUKITO**

Eka Nur Azizah¹, Nur Hidayat², Siti Budi Utami³
^{1,2,3}Jurusan Gizi Poltekkes Kemenkes Yogyakarta
Jl. Tatabumi No.3, Banyuraden, Gamping, Sleman
Email: ekazizah52@gmail.com

ABSTRACT

Background: Breast cancer is a mutation of breast cells and tissues that causes abnormal cell division. According to WHO in 2022 data, the highest prevalence of cancer in Indonesia is breast cancer with a total of 66.271 cases and 22.598 deaths. One of the treatments for breast cancer can be through removal of breast tissue or MRM and axillary lymph nodes. The nutritional care process is needed because malnutrition often occurs in cancer patients.

Objective: Knowing the standardized nutritional care management in mammary cancer patients with MRM axilla dissection sinistra at RSPAU dr. S. Hardjolukito, Yogyakarta.

Methods: Descriptive observational with case study research design.

Results: Nutritional screening using the NRS-2002 form resulted in a patient at risk of malnutrition. The patient's nutritional status was normal as calculated by BMI. Biological laboratory results were mostly normal except for Eusinophils, Rod and Segment Neutrophils and Lymphocytes. Condition is conscious, can communicate well. Post biopsy patient entered the ward with surgery to remove breast and lymph nodes in the left armpit. The patient's eating habits are not as recommended and do not meet the daily needs. Nutritional diagnosis includes the intake domain and habit domain. Provision of diet according to patient needs. Patients are exposed to irrelevant information. The results of monitoring and evaluation of food intake improved. Physical/clinical complaints of postoperative pain. Patients are scheduled for routine check-ups and chemotherapy plans.

Conclusion: The patient was at risk of malnutrition and required intake monitoring despite good nutritional status. Based on the results of monitoring intake improved. The patient is scheduled for routine check-up and chemotherapy plan.

Key words: Standardized nutritional care process, breast cancer

PROSES ASUHAN GIZI TERSTANDAR (PAGT) PADA PASIEN *CANCER MAMMAE* DENGAN *MRM MASTECTOMY* DISEKSI *AXILLA SINISTRA* DI RSPAU dr. SUHARDI HARDJOLUKITO

Eka Nur Azizah¹, Nur Hidayat², Siti Budi Utami³
^{1,2,3}Jurusan Gizi Poltekkes Kemenkes Yogyakarta
Jl. Tatabumi No.3, Banyuraden, Gamping, Sleman
Email: ekazizah52@gmail.com

ABSTRAK

Latar Belakang: Kanker payudara merupakan mutasi sel dan jaringan payudara yang menyebabkan ketidaknormalan pembelahan sel. Menurut WHO pada data tahun 2022, prevalensi kanker terbanyak di Indonesia adalah kanker payudara dengan jumlah mencapai 66.271 kasus dan kematian sebanyak 22.598 kasus. Salah satu penanganan kanker payudara dapat melalui pengangkatan jaringan payudara atau MRM dan kelenjar getah bening aksila. Proses asuhan gizi diperlukan karena malnutrisi yang kerap terjadi pada pasien kanker.

Tujuan: Mengetahui penatalaksanaan asuhan gizi terstandar pada pasien cancer mammae dengan MRM diseksi axilla sinistra di RSPAU dr. S. Hardjolukito, Yogyakarta.

Metode: Deskriptif observasional dengan desain penelitian studi kasus.

Hasil: Skrining gizi menggunakan formulir NRS-2002 dengan hasil pasien memiliki risiko malnutrisi. Status gizi pasien normal dihitung dengan IMT. Hasil laboratorium biologi mayoritas normal kecuali pada Eusinofil, Neutrofil batang dan segmen serta Limfosit. KU sadar, dapat berkomunikasi dengan baik. Pasien post biopsy masuk bangsal dengan tindakan operasi pengangkatan payudara dan kelenjar getah bening di ketiak kiri. Kebiasaan makan pasien belum sesuai anjuran dan belum mencukupi kebutuhan perhari. Diagnosis gizi meliputi domain asupan dan domain kebiasaan. Pemberian diet sesuai kebutuhan pasien. Pasien terpapar informasi yang tidak relevan. Hasil monitoring dan evaluasi asupan makan membaik. Keluhan fisik/klinis nyeri pasca operasi. Pasien dijadwalkan pemeriksaan rutin dan rencana kemoterapi.

Kesimpulan: Pasien dengan risiko malnutrisi dan membutuhkan pemantauan asupan meski status gizinya baik. Berdasarkan hasil monitoring asupan membaik. Pasien dijadwalkan pemeriksaan rutin dan rencana kemoterapi.

Kata kunci: Proses Asuhan Gizi Terstandar, Kanker Payudara