

ABSTRAK
PROSES ASUHAN GIZI TERSTANDAR
PADA PASIEN KANKER OVARIUM STADIUM LANJUT
DI RSUD PASAR MINGGU

Imam Dwi Angkasa Putra¹, Weni Kurdanti², Rini Wuri Astuti³
Prodi Pendidikan Profesi Dietisien Poltekkes Kemenkes Yogyakarta
Jalan Tata Bumi No. 3 Banyuraden, Gamping, Sleman
Email: angkasaimam@gmail.com

ABSTRAK

Latar belakang : Kanker ovarium merupakan salah satu jenis kanker ginekologi yang memiliki angka kejadian dan kematian cukup tinggi di seluruh dunia. Berdasarkan data Globocan 2020, kanker ovarium menempati peringkat ke-8 terjadi pada wanita. Obstruksi usus menyebabkan gejala seperti mual, muntah, perut kembung, nyeri, dan tidak bisa buang air besar atau flatus. Gejala ini mengganggu asupan makanan sehingga pasien mengalami penurunan asupan energi dan zat gizi yang esensial. Terjadi peningkatan kebutuhan energi akibat kondisi inflamasi dan stres metabolik pasca operasi besar seperti laparotomi sehingga dapat menyebabkan malnutrisi.

Tujuan : Menganalisis proses pelaksanaan Asuhan Gizi Terstandar pada pasien Kanker Ovarium Stadium Lanjut di RSUD Pasar Minggu.

Metode : Jenis penelitian yang dilakukan adalah kualitatif deskriptif dengan rancangan penelitian studi kasus. Subyek penelitian studi kasus dilakukan terhadap 1 orang pasien yang menjalani rawat inap minimal 3 x 24 jam di RSUD Pasar Minggu.

Hasil : Monitoring evaluasi asuhan gizi selama 4 hari sebagai berikut: pengkajian antropometri terdapat penurunan berat badan sebesar 700 g, dari pengamatan keadaan fisik/ klinis dapat dilihat keadaan hemodinamik cenderung normal, keluhan fisik dan klinis semakin membaik seperti: batuk berkurang, perut kembung berkurang, sesak berkurang, sudah dapat flatus, produksi NGT semakin berkurang, bertahap pemberian makanan cair melalui oral, dan pada intervensi asupan energi, protein, lemak dan karbohidrat makin perlahan mengalami peningkatan bertahap dan pada hari keempat memenuhi target hanya asupan lemak sesuai dengan rencana monitoring, yaitu: > 75%.

Kesimpulan : Proses asuhan gizi terstandar setelah pengkajian dan intervensi yang dilakukan keadaan pasien terlihat membaik, namun terdapat gangguan saluran cerna yang membuat asupan makan pasien yang dipuaskan melalui oral dan diberikan melalui parenteral. Terdapat gangguan fungsi saluran cerna sehingga proses pencernaan tidak dapat optimal. Asupan makan yang tidak adekuat membuat pasien mengalami penurunan berat badan secara cepat.

Kata Kunci : asuhan gizi terstandar, kanker ovarium, malnutrisi.

ABSTRACT
STANDARDIZED NUTRITIONAL CARE PROCESS
FOR ADVANCED OVARIAN CANCER PATIENTS
AT PASAR MINGGU REGIONAL HOSPITAL

Imam Dwi Angkasa Putra¹, Weni Kurdanti², Rini Wuri Astuti³
 Dietitian Professional Education Study Program,
 Yogyakarta Ministry of Health Polytechnic
 Tata Bumi Street No. 3 Banyuraden, Gamping, Sleman
 Email: angkasaimam@gmail.com

ABSTRACT

Background: Ovarian cancer is a type of gynecological cancer with a relatively high incidence and mortality rate worldwide. According to Globocan 2020 data, ovarian cancer ranks eighth in women. Intestinal obstruction causes symptoms such as nausea, vomiting, bloating, pain, and the inability to pass stool or flatus. These symptoms interfere with food intake, resulting in decreased energy and essential nutrient intake. Increased energy requirements due to inflammation and metabolic stress following major surgery such as laparotomy can lead to malnutrition.

Objective: To analyze the implementation process of Standardized Nutritional Care in patients with Large Bowel Obstruction Post Suboptimal Debulking Laparotomy Due to Indications of Advanced Ovarian Cancer at Pasar Minggu Regional Hospital.

Method: The research was qualitative descriptive with a case study design. The subject of the case study was 1 patient who was hospitalized for at least 3 x 24 hours at Pasar Minggu Regional Hospital.

Results: Monitoring of nutritional care evaluation for 4 days as follows: anthropometric assessment showed a weight loss of 700 g, from physical/clinical observations it can be seen that the hemodynamic condition tends to be normal, physical and clinical complaints are getting better such as: reduced cough, reduced bloating, reduced shortness of breath, flatus is already available, NGT production is decreasing, gradually giving liquid food orally, and in the intervention the intake of energy, protein, fat and carbohydrates is gradually increasing gradually and on the fourth day it meets the target of only fat intake according to the monitoring plan, namely: > 75%.

Conclusion: Following the standardized nutritional care process, the patient's condition appeared to improve after assessment and intervention. However, gastrointestinal disturbances prevented the patient from consuming food orally and were administered parenterally. Gastrointestinal dysfunction prevented optimal digestion. Inadequate food intake led to rapid weight loss.

Keywords: standardized nutritional care, ovarian cancer, malnutrition.