

**PENGARUH TEKNIK PENEMPATAN *BLADE* MACINTOSH
DI *VALLECULA* DAN *LIFTING* EPIGLOTIS TERHADAP
KUALITAS VISUALISASI GLOTIS PADA PASIEN
ANESTESI UMUM**

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ABSTRAK

Latar Belakang : Kualitas visualisasi glotis yang optimal merupakan faktor penting dalam keberhasilan intubasi endotrakeal pada anestesi umum. Teknik penempatan *blade* Macintosh, baik di *vallecula* maupun *lifting* epiglottis, dapat memengaruhi kualitas visualisasi glotis selama laringoskopi menggunakan *blade* Macintosh. Perbedaan mekanisme elevasi epiglottis pada kedua teknik tersebut berpotensi menghasilkan pengaruh tampilan glotis berdasarkan klasifikasi Cormack–Lehane.

Tujuan : Mengetahui pengaruh teknik penempatan *blade* Macintosh di *vallecula* dan *lifting* epiglottis terhadap kualitas visualisasi glotis pada pasien anestesi umum.

Metode : Penelitian ini menggunakan metode kuantitatif dengan desain *quasi-experimental* menggunakan pendekatan *post-test only within-subject design*. Sampel penelitian sebanyak 86 subjek dengan teknik pengambilan sampel *consecutive sampling*. Seluruh subjek mendapatkan dua perlakuan secara berurutan, yaitu teknik *vallecula* dan *lifting* epiglottis. Penilaian kualitas visualisasi glotis menggunakan klasifikasi Cormack–Lehane. Analisis data menggunakan uji Wilcoxon Signed-Rank.

Hasil Penelitian : Berdasarkan distribusi kualitas visualisasi glotis, pada teknik penempatan *blade* Macintosh di *vallecula* sebagian besar subjek berada pada Cormack–Lehane *grade* I yaitu dengan tampilan kualitas visualisasi glotis penuh sangat baik sebanyak 51 subjek (59,3%), sedangkan pada teknik *lifting* epiglottis sebagian besar subjek berada pada *grade* II yaitu dengan tampilan kualitas visualisasi glotis baik sebanyak 51 subjek (59,3%). Berdasarkan hasil uji *Wilcoxon Signed-Rank* diperoleh nilai *p-value* $p=0,000$ ($p < 0,05$), yang berarti terdapat pengaruh yang signifikan antara teknik penempatan *blade* Macintosh di *vallecula* dan teknik *lifting* epiglottis terhadap kualitas visualisasi glotis.

Kesimpulan : Teknik penempatan *blade* Macintosh di *vallecula* memberikan kualitas visualisasi glotis yang lebih baik dibandingkan teknik *lifting* epiglottis pada pasien anestesi umum di RSUD Ngudi Waluyo Wlingi Blitar.

Kata Kunci : *blade* Macintosh, *vallecula*, *lifting* epiglottis, anestesi umum

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**THE EFFECT OF MACINTOSH BLADE PLACEMENT TECHNIQUES IN
THE VALLECULA AND EPIGLOTTIC LIFTING ON QUALITY OF
GLOTTIC VISUALIZATION IN PATIENTS UNDERGOING
GENERAL ANESTHESIA**

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ABSTRACT

Background : Optimal glottic visualization is a key factor in the success of endotracheal intubation during general anesthesia. Macintosh blade placement techniques, either in the vallecula or by direct epiglottic lifting, may influence the quality of glottic visualization during direct laryngoscopy. Differences in the mechanisms of epiglottic elevation between these two techniques may result in different glottic views based on the Cormack–Lehane classification.

Objective : To determine the effect of Macintosh blade placement in the vallecula and direct epiglottic lifting on the quality of glottic visualization in patients undergoing general anesthesia.

Methods : This quantitative study employed a quasi-experimental design using a post-test-only within-subject approach. A total of 86 subjects were recruited using consecutive sampling. Each subject underwent two sequential interventions: the vallecula technique and the direct epiglottic lifting technique. Glottic visualization was assessed using the Cormack–Lehane classification. Data were analyzed using the Wilcoxon Signed-Rank test.

Results : Based on the distribution of glottic visualization quality, most subjects in the vallecula technique achieved Cormack–Lehane Grade I, representing excellent glottic visualization (51 subjects; 59.3%). In contrast, most subjects in the direct epiglottic lifting technique achieved Cormack–Lehane Grade II, indicating good glottic visualization (51 subjects; 59.3%). The Wilcoxon Signed-Rank test showed a statistically significant difference between the two techniques ($p = 0.000$; $p < 0.05$), indicating that the Macintosh blade placement technique significantly affected the quality of glottic visualization.

Conclusion : Macintosh blade placement in the vallecula provides better glottic visualization than direct epiglottic lifting in patients undergoing general anesthesia at Ngudi Waluyo Wlingi Regional Hospital, Blitar.

Keywords : Macintosh blade, vallecula, epiglottis lifting, general anesthesia

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