

**PERBEDAAN STATUS HEMODINAMIK ANTARA PEMBERIAN
LIDOKAIN DAN TIDAK MENGGUNAKAN LIDOKAIN SAAT
INDUKSI ANESTESI PADA PASIEN ONKOLOGI DENGAN
CA MAMAE DI RUMAH SAKIT KANKER DHARMAIS**

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ABSTRAK

Latar belakang : Induksi anestesi dapat menyebabkan perubahan hemodinamik yang signifikan, terutama penurunan tekanan darah dan laju jantung karena efek obat anestesi seperti propofol dan intubasi. Salah satu obat yang dipakai untuk mengurangi perubahan hemodinamik saat induksi anestesi adalah lidokain. Lidokain ialah anestetik lokal golongan amida yang sering dipakai untuk mengurangi rasa nyeri.

Tujuan : Mengetahui perbedaan status hemodinamik antara pemberian lidokain dan tidak menggunakan lidokain saat induksi anestesi pada pasien onkologi dengan ca mammae di Rumah Sakit Kanker Dharmais.

Metode : Penelitian ini adalah kuantitatif dengan rancangan observasional analitik dengan penelitian *pre test and post test design with control group*. Penelitian ini terdapat 2 kelompok yaitu kelompok pemberian lidokain intravena dan kelompok yang tidak diberikan lidokain intravena. Penelitian ini dilaksanakan pada bulan Mei s.d Juni 2026. Populasi studi penelitian ini adalah pasien operasi onkologi dengan ca mammae di IBS RS Kanker Dharmais.. Sampel penelitian terdiri dari 62 responden. Analisis data menggunakan uji *Wilcoxon Signed Rank Test* dan uji *Mann-Whitney U Test*.

Hasil : Karakteristik kedua kelompok homogen ($\alpha > 0,05$). Uji *Wilcoxon* menunjukkan MAP dan nadi kelompok observasi ($Z = 4,599$; $p = 0,000$) dan ($Z = -0.248$; $p = 0,804$), sedangkan MAP dan nadi kelompok kontrol ($Z = -4.864$; $p = 0,000$) dan ($Z = -4.863$; $p = 0,000$). Uji *Mann-Whitney* menunjukkan perbedaan efektivitas bermakna antar kelompok yaitu MAP ($Z = -6,768$; $p = 0,000$) dan nadi ($Z = -6,657$; $p = 0,000$) dengan pemberian lidokain saat induksi memiliki efek yang lebih baik dalam menekan respons hemodinamik.

Kesimpulan : Terdapat perbedaan bermakna status hemodinamik antara kedua kelompok. Lidokain terbukti efektif sebagai agen penstabil hemodinamik selama induksi anestesi, baik terhadap tekanan darah maupun frekuensi nadi.

Kata Kunci : hemodinamik, lidokain, MAP, nadi, onkologi, ca mammae

DIFFERENCES IN HEMODYNAMIC STATUS BETWEEN LIDOCAINE ADMINISTRATION AND NON-ADMINISTRATION DURING ANESTHESIA INDUCTION IN ONCOLOGY PATIENTS WITH BREAST CANCER AT DHARMAIS CANCER HOSPITAL

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ABSTRACT

Background: Anesthesia induction can cause significant hemodynamic changes, particularly a drop in blood pressure and heart rate, due to the effects of anesthetic drugs such as propofol and the process of intubation. Lidocaine is one of the drugs used to mitigate hemodynamic changes during anesthesia induction. It is an amide-class local anesthetic frequently used for pain relief.

Objective: To determine the differences in hemodynamic status between the administration of lidocaine and the non-administration of lidocaine during anesthesia induction in oncology patients with breast cancer at Dharmais Cancer Hospital.

Methods: This study employed a quantitative approach with an analytic observational design, specifically a pre-test and post-test design with a control group. The study involved two groups: a group receiving intravenous lidocaine and a group not receiving intravenous lidocaine. The study was conducted from May to June 2026. The study population consisted of oncology patients undergoing surgery for breast cancer in the Central Surgical Unit (IBS) of Dharmais Cancer Hospital. The sample comprised 62 respondents. Data analysis was performed using the Wilcoxon Signed-Rank Test and the Mann-Whitney U Test.

Results: The characteristics of both groups were homogeneous ($\alpha > 0.05$). The Wilcoxon test results for MAP and pulse were ($Z = 4.599$; $p = 0.000$) and ($Z = -0.248$; $p = 0.804$) for the observation group, and ($Z = -4.864$; $p = 0.000$) and ($Z = -4.863$; $p = 0.000$) for the control group. The Mann-Whitney test showed a significant difference in effectiveness between the groups regarding MAP ($Z = -6.768$; $p = 0.000$) and pulse ($Z = -6.657$; $p = 0.000$), with lidocaine administration during induction demonstrating a superior effect in suppressing hemodynamic responses.

Conclusion: There is a significant difference in hemodynamic status between the two groups. Lidocaine is proven effective as a hemodynamic stabilizing agent during anesthesia induction, affecting both blood pressure and pulse rate.

Keywords: hemodynamics, lidocaine, MAP, pulse, oncology, breast cancer.