

**PERBEDAAN PEMBERIAN PROPOFOL *CONTINUOUS INFUSION*
TERHADAP SEVOFLURAN PADA PERUBAHAN MEAN
ARTERIAL PRESSURE (MAP) DAN NADI INTRAOPERATIF
PADA PASIEN *CRANIOTOMY* ELEKTIF DI
RSU PROVINSI BANTEN**

Yudha Adi Putra¹, Catur Budi Susilo², Bondan Palestin³
¹²³Jurusan Keperawatan Poltekkes Kemenkes Yogyakarta
Jl. Tatabumi No.3 Banyuraden, Gamping, Sleman
Email : dha.raden88@gmail.com

ABSTRAK

Latar belakang : Anestesi kraniotomi elektif harus menjaga stabilitas hemodinamik untuk mencegah peningkatan *TIK*, perdarahan, dan *re-bleeding*. Propofol dipilih sebagai agen utama *TIVA* neuroanestesi karena dapat menurunkan metabolisme serebral serta aliran dan volume darah otak. *Sevofluran* lebih unggul dalam mempertahankan stabilitas nadi dan memberikan kendali *MAP* yang lebih titrable.

Tujuan : Mengetahui perbedaan pengaruh pemberian Propofol *Continuous Infusion* dengan Sevofluran terhadap perubahan *MAP* dan Nadi *intraoperatif* pada pasien kraniotomi elektif di RSUD Provinsi Banten.

Metode : Penelitian kuantitatif observasional analitik ini membandingkan stabilitas hemodinamik pada pasien kraniotomi elektif yang diberi Propofol *Continuous Infusion* dan sevofluran, dengan total sampel 66 responden.

Hasil : Hasil menunjukkan perbedaan yang bermakna secara statistik, nilai *MAP* dan nadi pada kelompok Propofol lebih rendah secara signifikan dibanding kelompok sevofluran, dengan *mean rank* *MAP* 24,71 vs 42,29 dan nadi 23,86 vs 43,14. Kedua uji menghasilkan $p\text{-value} = 0,000 < 0,05$. Hal ini mengindikasikan Propofol *Continuous Infusion* memberikan *MAP* dan nadi yang lebih rendah dibandingkan sevofluran pada pasien kraniotomi elektif.

Kesimpulan : Uji statistik menunjukkan adanya perbedaan signifikan pada *MAP* dan nadi antara kelompok yang mendapat propofol dan kelompok yang mendapat sevofluran, dengan $p\text{-value} 0,000 < 0,05$.

Kata Kunci : Propofol *Continuous Infusion*, sevofluran, *MAP*, Nadi, *craniotomy*

**DIFFERENCES IN THE EFFECTS OF CONTINUOUS PROPOFOL
INFUSION VERSUS SEVOFLURAN ON INTRAOPERATIVE MEAN
ARTERIAL PRESSURE (MAP) AND PULSE RATE IN ELECTIVE
CRANIOTOMY PATIENTS AT BANTEN PROVINCIAL GENERAL
HOSPITAL**

Yudha Adi Putra¹, Catur Budi Susilo², Bondan Palestin³
123Jurusan Keperawatan Poltekkes Kemenkes Yogyakarta
Jl. Tatabumi No.3 Banyuraden, Gamping, Sleman
Email : dha.raden88@gmail.com

ABSTRACT

Background: Anesthesia for elective craniotomy requires the maintenance of hemodynamic stability to prevent increases in intracranial pressure (ICP), hemorrhage, and re-bleeding. Propofol is selected as the primary agent for neuroanesthesia TIVA due to its ability to reduce cerebral metabolism as well as cerebral blood flow and volume. Sevofluran is superior in maintaining pulse stability and providing more titratable control of Mean Arterial Pressure (MAP).

Objective: To determine the difference in effects between continuous infusion of Propofol and Sevofluran on intraoperative MAP and pulse rate changes in patients undergoing elective craniotomy at Banten Provincial General Hospital.

Methods: This quantitative, observational, analytic study compared hemodynamic stability in elective craniotomy patients receiving either continuous infusion of Propofol or Sevofluran, with a total sample of 66 respondents.

Results: The results showed a statistically significant difference; MAP and pulse rate values in the Propofol group were significantly lower than those in the Sevofluran group, with mean ranks for MAP of 24.71 vs. 42.29 and for pulse rate of 23.86 vs. 43.14. Both tests yielded a p-value of 0.000 (< 0.05). This indicates that continuous infusion of Propofol results in lower MAP and pulse rates compared to Sevofluran in elective craniotomy patients.

Conclusion: Statistical analysis demonstrated a significant difference in MAP and pulse rate between the group receiving Propofol and the group receiving Sevofluran, with a p-value of 0.000 (< 0.05).

Keywords: Continuous infusion of Propofol, Sevofluran, MAP, pulse rate, craniotomy.