

Perbandingan Efek Pemberian Analgesia Pre-emptif *Parecoxib* dengan Parasetamol terhadap Nyeri Pascaoperasi Radikal Mastektomi Menggunakan *Numeric Rating Scale*

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Abstrak

Mastektomi merupakan prosedur operasi pengangkatan kanker payudara yang dapat menimbulkan nyeri akut pascaoperasi, bahkan pada 20–30% pasien berlanjut menjadi sindrom nyeri kronik pascamastektomi sehingga diperlukan penatalaksanaan nyeri secara adekuat agar pasien tidak mengalami episode nyeri yang dapat mengganggu produktivitas. Tujuan penelitian ini membandingkan efek pemberian analgesia pre-emptif *parecoxib* dengan parasetamol dalam menurunkan nyeri pascaoperasi radikal mastektomi. Penelitian dilakukan secara prospektif *single blind randomized controlled trial* terhadap 30 pasien dewasa yang menjalani operasi radikal mastektomi di Rumah Sakit Dr. Hasan Sadikin Bandung periode September–November 2014. Subjek dibagi dalam dua kelompok, analgesia pre-emptif parasetamol 1 g dan *parecoxib* 40 mg diberikan 30 menit sebelum sayatan pertama dilakukan. Setelah operasi selesai dicatat skala nyeri berdasarkan *numeric rating scale* (NRS) hingga 12 jam pascaoperasi di ruang perawatan. Analisis data menggunakan uji-t dan diolah dengan program *statistical package for social science* (SPSS) versi 21.0 for windows. Kelompok analgesia pre-emptif *parecoxib* 40 mg lebih lama membutuhkan analgetik pertolongan dan menurunkan NRS lebih rendah dibanding dengan kelompok analgesia pre-emptif parasetamol 1 g ($p < 0,05$). Simpulan, *parecoxib* 40 mg lebih baik dibanding dengan analgesia pre-emptif parasetamol 1 g dalam menurunkan nyeri pascaoperasi radikal mastektomi berdasarkan NRS.

Kata kunci: Analgesia pre-emptif, *numeric rating scale*, nyeri pascaoperasi, parasetamol, *parecoxib*, radikal mastektomi

Comparative Effect of Preemptive Analgesia *Parecoxib* with Paracetamol against Postoperative Radical Mastectomy Pain Using Numeric Rating Scale

Abstract

Mastectomy is a breast cancer surgery procedure that can lead to acute postoperative pain with 20–30% of patients may progress to postmastectomy chronic pain syndrome (PMPS). Therefore, it is necessary provide an adequate pain management so patients will not experience episodes of pain that can disrupt their productivity. The purpose of this study was to compare the effect of preemptive analgesia *parecoxib* with paracetamol in reducing radical mastectomy postoperative pain. The study was a prospective single blinded randomized controlled clinical trials on 30 adult patients who underwent radical mastectomy surgery in Dr. Hasan Sadikin General Hospital between September and November 2014. Subjects were divided randomly into two groups, 1 gram paracetamol preemptive analgesia and 40 miligram *parecoxib* which given 30 minutes before the first incision has been made. After the surgery was completed, we record the pain scale using the numeric rating scale (NRS). The data were recorded starting from the recovery room to 12 hours postoperative in the ward. Statistical analysis was performed using the t-test with statistical package for social science (SPSS) version 21.0 for Windows software. The results showed that the 40 miligram *parecoxib* preemptive analgesia group required longer rescue analgesics and lower NRS than 1 gram paracetamol preemptive analgesia ($p < 0.05$). In conclusion, 40 miligram *parecoxib* preemptive analgesia is better than 1 gram paracetamol preemptive analgesia in reducing radical mastectomy postoperative pain according to numeric rating scale.

Key words: Numeric rating scale, paracetamol, *parecoxib*, postoperative pain, preemptive analgesia, radical mastectomy

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