

ABSTRAK

Pendahuluan : Sectio caesaria (SC) merupakan proses persalinan yang banyak dilakukan dan umumnya menggunakan anestesi spinal. Anestesi spinal memiliki komplikasi mayor dan minor dimana komplikasi minor lebih sering terjadi. Salah satu komplikasi minor adalah *Post dural puncture headache* (PDPH). Meskipun merupakan komplikasi minor tetapi PDPH menyebabkan rasa tidak nyaman hingga mengganggu aktivitas sehingga meningkatkan morbiditas. Tujuan penelitian ini untuk menilai pengaruh faktor-faktor risiko terhadap terjadinya PDPH.

Metode : Rancangan penelitian ini adalah *nested case-control design*. Variabel yang diteliti yaitu usia, BMI, riwayat anestesi spinal, gangguan neurologis, total tusukan, orientasi bevel, ukuran jarum, tekanan darah, mobilisasi, dan kejadian PDPH. Sampel penelitian merupakan pasien SC dengan anestesi spinal di Instalasi Bedah Sentral RSUP Dr. Kariadi Semarang. Uji bivariat dan uji multivariat regresi logistik digunakan untuk menilai hubungan antara faktor risiko dengan kejadian PDPH.

Hasil : Sebanyak 74 pasien SC diikutsertakan dalam penelitian ini. Berdasarkan analisis bivariat gangguan neurologis (OR 11,571; 95% CI = 1,383 – 96,808; p = 0,017), total tusukan (OR 11,571; 95% CI = 3.864 – 34.656; p = <0,001), ukuran jarum (OR 9,931; 95% CI = 1,174 – 84,038; p = 0,014), dan mobilisasi < 6 jam (OR 0,118; 95% CI = 0,039 – 0,353; p = <0,001) berpengaruh signifikan terhadap kejadian PDPH. Berdasarkan analisis multivariat, mobilisasi < 6 jam berpengaruh signifikan terhadap kejadian PDPH pada pasien SC (OR 0,162; 95% CI= 0,051 - 0,518; p = 0,002).

Kesimpulan : Gangguan neurologis, total tusukan, ukuran jarum, dan mobilisasi berpengaruh terhadap kejadian PDPH. Mobilisasi > 6 jam dapat meningkatkan kejadian PDPH sedangkan mobilisasi < 6 jam merupakan faktor protektif terhadap kejadian PDPH.

Kata Kunci : *Post dural puncture headache*, Risiko anestesi spinal, *Sectio caesarea*

ABSTRACT

Introduction: *Caesarean section is a labor process that is widely performed and generally uses spinal anesthesia. The use of spinal anesthesia has major and minor complications where minor complications are more common. One of the minor complications is post dural puncture headache (PDPH). Although it is a minor complication, PDPH causes discomfort to interfere with activities, thereby increasing morbidity. The purpose of this study was to assess the effect of risk factors on the occurrence of PDPH..*

Methods: *This study uses a nested case-control design. The variables studied were age, BMI, history of spinal anesthesia, neurological disorders, number of puncture attempts, bevel orientation, needle size, blood pressure, mobilization, and PDPH. Samples were taken from patients undergoing Caesarean section with spinal anesthesia at Dr. Kariadi Central General Hospital Semarang. Bivariate test and multivariate logistic regression test were used to assess the relationship between risk factors and the incidence of PDPH.*

Results: *A total of 74 patients undergoing caesarean section were included in this study. Based on bivariate analysis, neurological disorders (OR 11,571; 95% CI = 1,383–96,808; $p = 0.017$), number of puncture attempts (OR 11,571; 95% CI = 3,864 – 34,656; $p = <0.001$), needle size (OR 9,931; 95% CI = 1.174 – 84.038; $p = 0.014$, and mobilization < 6 hours (OR 0.118; 95% CI = 0.039 – 0.353; $p = <0.001$) had a significant effect on the occurrence of PDPH. Based on multivariate analysis, mobilization < 6 hours had a significant effect on the occurrence of PDPH (OR 0.162; 95% CI = 0.051 - 0.518; $p = 0.002$).*

Conclusion: *Neurological disorders, number of puncture attempts, needle size, and mobilization affect the occurrence of PDPH. Mobilization > 6 hours can increase the incidence of PDPH while mobilization < 6 hours is a protective factor against the incidence of PDPH.*

Keywords: *Caesarean section, Post dural puncture headache, Risk of spinal anesthesia*