

**PERBANDINGAN KETAMINE DAN DEKSAMETASON SEBAGAI
ADJUVAN BLOK TRANSVERSUS ABDOMINIS PLANE (TAP) PADA
SECTIO CAESAREA ENHANCED RECOVERY AFTER CAESAREAN
SECTION (ERACS)**

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ABSTRAK

Pendahuluan: Blok TAP menyebabkan blok pada saraf yang menginervasi daerah dinding perut. Kendala blok TAP adalah durasinya terbatas bila diberikan tanpa adjuvan. Peningkatan efikasi analgesik pada blok TAP dapat dicapai dengan menambahkan adjuvan, seperti ketamin dan deksametason. Penelitian ini bertujuan untuk membandingkan efektivitas sensorik antara penggunaan Ketamin dan Deksametason sebagai adjuvan Blok *Transversus Abdominis Plane* (TAP) pada pasien yang menjalani *section caesarea*

Metode: Uji klinis *consecutive sampling* pada 34 pasien yang menjalani Sectio Caesarea di Rumah Sakit Umum Daerah Tidar Magelang pada bulan November – Desember tahun 2024. Subjek dikelompokkan menjadi 2 kelompok, yaitu kelompok blok TAP + adjuvan ketamin dan blok TAP + adjuvan deksametason. Data dikumpulkan dari rekam medis pasien dan dilakukan analisis dengan program SPSS.

Hasil: Pemberian ketamin terbukti meningkatkan jangka waktu penggunaan rescue analgesia dan menurunkan frekuensi dan total dosis penggunaan PCA. Terdapat perbedaan bermakna waktu penggunaan rescue analgesia antar kelompok ($p < 0.009$) dan total dosis PCA antar kelompok ($p < 0.001$). Pemberian ketamin terbukti memberikan efek samping yang lebih rendah dibandingkan dengan deksametason.

Kesimpulan: Pemberian ketamin sebagai adjuvant blok Tranversus Abdominis Plan (TAP) pada pasien yang menjalani sectio caesarea memiliki efektivitas yang lebih baik dibandingkan pemberian deksametason sebagai adjuvant.

Kata Kunci: Blok Transversus Abdominis Plane, Sectio Caesarea, ERACS, Ketamin, Deksametason

**COMPARISON OF KETAMINE AND DEXAMETHASONE AS
ADJUVANT OF TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK IN
CESAREAN SECTION ENHANCED RECOVERY AFTER CAESAREAN
SECTION (ERACS)**

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ABSTRACT

Background: TAP block causes blockage of the nerves innervating the abdominal wall area. The limitation of TAP block is its limited duration when given without adjuvant. Increased analgesic efficacy in TAP block can be achieved by adding adjuvants, such as ketamine and dexamethasone. This study aims to compare the sensory effectiveness between the use of Ketamine and Dexamethasone as an adjuvant to Transversus Abdominis Plane (TAP) Block in patients undergoing cesarean section

Research Method: A consecutive sampling clinical trial on 34 patients undergoing Sectio Caesarea at Tidar General Hospital, Magelang in November - December 2024. Subjects were divided into 2 groups, namely the TAP block + ketamine adjuvant group and the TAP block + dexamethasone adjuvant group. Data were collected from patient medical records and analyzed using the SPSS program.

Research Results: Administration of ketamine has been shown to increase the duration of rescue analgesia use and reduce the frequency and total dose of PCA use. There was a significant difference in the time of rescue analgesia use between groups ($p < 0.009$) and the total dose of PCA between groups ($p < 0.001$). Administration of ketamine has been shown to have lower side effects compared to dexamethasone.

Conclusion: Administration of ketamine as an adjuvant to Transversus Abdominis Plan (TAP) block in patients undergoing cesarean section has better effectiveness compared to administration of dexamethasone as an adjuvant.

Keywords: Transversus Abdominis Plane Block, Cesarean Section, ERACS, Ketamine, Dexamethasone