

ABSTRAK

Latar Belakang: Hipotensi pasca anestesi spinal merupakan komplikasi yang sering terjadi pada operasi seksio sesarea dengan insidensi mencapai 70%. Deksametason intravena diketahui memiliki efek stabilisasi hemodinamik melalui peningkatan sensitivitas vaskular terhadap katekolamin dan penghambatan refleksi Bezold-Jarisch. Dosis 8 mg telah banyak digunakan, namun efektivitas dosis 5 mg pada populasi Indonesia belum diketahui.

Tujuan: Membandingkan efektivitas deksametason intravena dosis 5 mg dan 8 mg sebagai profilaksis hipotensi pasca anestesi spinal pada operasi seksio sesarea.

Metode: Penelitian ini merupakan uji klinis teracak pada pasien yang menjalani operasi seksio sesarea dengan anestesi spinal di RSUP Dr. Kariadi Semarang. Subjek dibagi menjadi dua kelompok, yaitu kelompok deksametason 5 mg intravena dan kelompok deksametason 8 mg intravena. Variabel yang dinilai meliputi kejadian hipotensi, onset hipotensi, derajat penurunan tekanan darah sistolik, dan total kebutuhan efedrin. Analisis statistik menggunakan uji Chi-square, independent t-test, Mann–Whitney, dan Kaplan-Meier dengan nilai $p < 0,05$ dianggap bermakna.

Hasil: Kejadian hipotensi pada kelompok deksametason 5 mg sebesar 39,3% dan kelompok 8 mg sebesar 32,1%, tanpa perbedaan bermakna secara statistik ($p = 0,577$). Analisis onset hipotensi juga tidak menunjukkan perbedaan bermakna antara kedua kelompok ($p = 0,585$). Tidak ditemukan perbedaan signifikan pada derajat hipotensi ($p = 0,185$), dan total kebutuhan efedrin ($p = 0,523$).

Kesimpulan: Pemberian deksametason intravena dosis 5 mg memiliki efektivitas yang sama dengan dosis 8 mg sebagai profilaksis hipotensi pasca anestesi spinal pada operasi seksio sesarea.

Kata Kunci: anestesi spinal, deksametason, hipotensi, seksio sesarea, efedrin

ABSTRACT

Background: Post-spinal anesthesia hypotension is a common complication in cesarean section procedures, with an incidence reaching up to 70%. Intravenous dexamethasone is known to provide hemodynamic stabilization through increased vascular sensitivity to catecholamines and inhibition of the Bezold–Jarisch reflex. Although an 8 mg dose has been widely used, the effectiveness of a 5 mg dose in the Indonesian population remains unclear.

Objective: To compare the effectiveness of 5 mg and 8 mg intravenous dexamethasone as prophylaxis for post-spinal anesthesia hypotension in cesarean section surgery.

Methods: This study was a randomized controlled trial involving patients undergoing cesarean section under spinal anesthesia at Dr. Kariadi General Hospital, Semarang. Subjects were divided into two groups: the 5 mg intravenous dexamethasone group and the 8 mg intravenous dexamethasone group. The evaluated variables included incidence of hypotension, onset of hypotension, degree of systolic blood pressure reduction, and total ephedrine requirement. Statistical analysis was performed using the Chi-square test, independent t-test, Mann–Whitney test, and Kaplan–Meier analysis, with $p < 0.05$ considered statistically significant.

Results: The incidence of hypotension was 39.3% in the 5 mg dexamethasone group and 32.1% in the 8 mg group, with no statistically significant difference ($p = 0.577$). Analysis of hypotension onset also showed no significant difference between the two groups ($p = 0.585$). No significant differences were found in the degree of hypotension ($p = 0.185$) or total ephedrine requirement ($p = 0.523$).

Conclusion: Intravenous dexamethasone 5 mg has similar effectiveness to 8 mg as prophylaxis for post-spinal anesthesia hypotension in cesarean section surgery.

Keywords: spinal anesthesia, dexamethasone, hypotension, cesarean section, ephedrine