

Makalah Ilmiah

Kualitas hidup penderita luka bakar derajat dua dalam pasca tindakan skin graft

(QUALITY OF LIFE FOR SECOND DEGREE BURN PATIENTS POST SKIN GRAFT)



Disampaikan pada acara Pertemuan Ilmiah Tahunan Bedah Plastik Indonesia ke-23

16-19 Juli 2019, Hermes Palace Hotel Dan RSUD dr.Zainoel Abidin Banda Aceh

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QUALITY OF LIFE FOR SECOND DEGREE BURN PATIENTS POST SKIN GRAFT

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Background: Successful treatment will affect the condition and quality of the patient when he is discharged from the hospital. This study aims to determine the effect of skin graft action on the quality of life of the patients with second degree deep burns.

Methods: Qualitative research by analyzing descriptive data on medical record data and in-depth interviews using SF-36 assessments to determine 8 aspects of patients' quality of life. The score of the quality of life between 0-100 with the interpretation of each aspect score ≤ 50 is bad and ≥ 50 is good. Inclusion criteria for patients include: 1) moderate and severe degrees burn, 2) getting a skin graft at least 1 time, 3) caused by scald or thermal, 4) complete medical record data, and 5) sufferers willing to be interviewed in depth and in healthy condition not having a history of psychiatric disorders. **Results:** The study showed that there were 3 samples that met the inclusion criteria of a total of 48 burn patients treated in Soebandi between 2016-2018. All patients were good quality for aspects of physical function, pain, social function and mental health. One patient has a bad aspect on the general condition and vitality. This condition possibly caused by age factors compared to the other two patients. While, two patients have poor quality on the aspect of physical role and emotional role. This condition caused by the possibility of the remaining raw surface that is greater than other patients when they are discharged from the hospital so that they need additional care which ultimately affects the quality of life of the patient.

Conclusion: Burns has an impact on the overall aspects of a patient's quality of life, post-burn patients will experience a decrease in scores in part or all aspects of their quality of life that can be assessed using a validated SF-36 questionnaire.

QUALITY OF LIFE FOR SECOND DEGREE BURN PATIENTS POST SKIN GRAFT

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Background

- + Treatment of burn patients will be determined by the severity of burns experienced by patients
- + Successful treatment will affect the condition and quality of life the patient when he is discharged from the hospital.
- + This study aims to determine the effect of skin graft procedure on the quality of life of the patients with second degree deep burns.

Methods

- + Qualitative research by analyzing descriptive data on medical record data and in-depth interviews using SF-36 (Short Form Health Survey)
- + assessments to determine 8 aspects of patient's quality of life.
- + The score of the quality of life between 0-100 with the interpretation of each aspect score ≤ 50 is bad and ≥ 50 is good.

Aspek	Jumlah Pertanyaan	Nomor Pertanyaan
Physical Functioning (PF)	10	1 4 5 6 7 8 9 10 11 12
Role Physical (RP)	4	13 14 15 16
Role Emotional (RE)	3	17 18 19
Vitality (V)	4	23 27 29 31
Mental Health (MH)	5	24 25 26 28 30
Social Functioning (SF)	2	20 32
Bodily Pain (BP)	2	21 22
General Health (GH)	6	1 2 33 34 35 36

- a. Physical Functioning (PF), measures the extent to which health problems can limit physical activity, consisting of 10 questions about the ability of physical activities such as climbing stairs, bending, kneeling, lifting objects etc.
- b. Physical Role or Physical Role (RP), consisting of 4 questions about limitations in doing a job, aims to measure the limitations of daily activities due to physical disorders.
- c. Body Pain or Bodily Pain (BP), consists of 2 questions that aim to measure pain throughout the body.
- d. Vitality or Vitality (V), consists of 4 questions that aim to assess life vitality, energy levels and body fitness.
- e. Social Functioning (SF), consisting of 2 questions about the patient's social life, aims to measure the limitations of social activities caused by health problems.
- f. Emotional or Emotional Role (RE), consists of 3 questions that aim to measure the extent to which emotional states can affect daily activities.
- g. Mental Health (MH), consists of 5 questions about sadness, anxiety, or other feelings that may be experienced, aimed at measuring mental health.
- h. General Health or General Health (GH), consists of 6 questions to assess general and overall health status.

Methods

- + This research used purposive sampling
- + Inclusion criteria for patients include:
 - 1) moderate and severe degrees burn,
 - 2) getting a skin graft at least once,
 - 3) caused by scald or thermal, 4) complete medical record data
 - 5) sufferers willing to be interviewed in depth and in healthy condition not having a history of psychiatric disorders

Results

- + The study showed:
 - + There were 48 burn patients treated in Soebandi between 2016-2018
 - + There were 6 burn patients as sample based on inclusion criteria

Distribution of sample burn characteristics

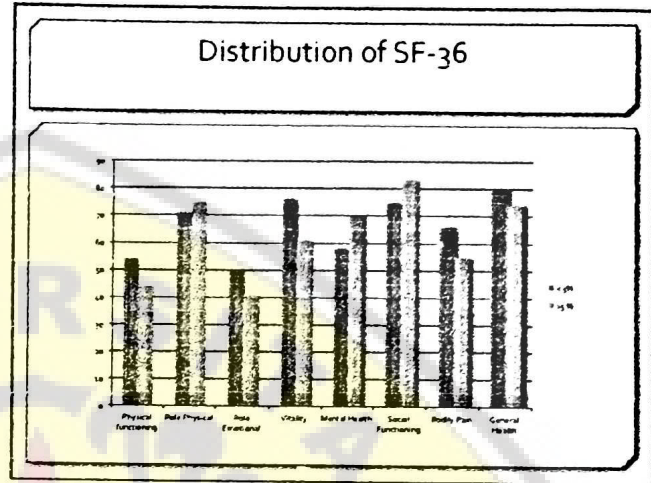
Age	28-59yo
Gender	
Female	3
Male	3
Etnicity	
Javanese	3
Madura	3
Occupational Work	
Work	3
Not work	3

Distribution of sample burn characteristics

Aetiology	
Scald	2
Thermal	4
Percentage of burn	
1-20%	3
20-30%	3
Length of stay	
0-14 days	3
15-30 days	3
Complication	
SMIS	4
Non-SMIS	2
Number of skin graft procedure	
0x1	4
1x1	2
Raw surface	
55%	3
10%	3

Distribution of SF-36

	BAD	GOOD
Physical functioning	2	4
Role Physical	~	6
Role emotional	3	3
Vitality	-	6
Mental Health	1	5
Social Functioning	-	6
Bodily Pain	2	4
General Health	-	6



Distribution of SF-36

- + Patients with raw surfaces of less than 5% have an average score of quality of life above 50. or better quality of life than patients with raw surface > 5% when discharged from hospital
- + This condition caused by the possibility they need additional care which ultimately affects the quality of life of the patient

Discussion

- + Burns have an impact on the overall aspects of the patient's quality of life, post-burn patients will experience a decrease in scores on all aspects of their quality of life (Orwelius et al., 2013).
- + According to Moi et al. (2016), factors that influence the quality of life of burns include:
 1. The severity of burns
 2. Psychological conditions and accompanying chronic diseases
 3. Sosio-demografi

Discussion

→ The severity of burns:

length of stay and the extent of burns are good parameters for assessing the severity of burns

the severity of burns is significantly associated with quality of life after burns

(Oster and Ekselius (2011), Spronk et al., 2018)

Discussion

→ Psychological conditions and accompanying chronic diseases:

Symptoms of depression in burn patients are the most frequently studied psychological conditions.

Four of the six studies stated that there was a relationship between depressive symptoms and decreased quality of life for burn patients

(Spronk et al., 2018)

Discussion

Sosio-demografi:

Age is the most frequently studied factor, a decrease in quality of life reported in the elderly more than 60 years (Khaje Bishak et al., 2016)

Marital status, gender and level of education are not significantly related to quality of life

Ethnicity can determine a person's quality of life through the traditions and habits in daily life

Conclusion

→ Burns has an impact on the overall aspects of a patient's quality of life, post-burn patients will experience a decrease in scores in part or all aspects of their quality of life that can be assessed using a validated SF-36 questionnaire

CERTIFICATE

Di Atendakan

Ulfa Elfiah, MD

as

FREE PAPER PRESENTER

**The 23rd Annual Scientific Meeting of Indonesian Association
of Plastic Reconstructive and Aesthetic Surgeon (InaPRAS)**

"Implementation of Basic Science and Latest Technology for Improving Surgical Technique
in Plastic Reconstructive and Aesthetic Surgery"

July 16th - 19th, 2019, Herrnes Palace Hotel & RSUD dr Zainoel Abidin, Banda Aceh



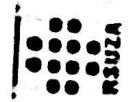
dr. Frank Buchari, Sp.BP-RE(K)

Chairman of The Organizing Committee



dr. Budlman, Sp.BP-RE(K), MARS

Chairman of InaPRAS



Annual Scientific Meeting of Indonesian Association of Plastic Reconstructive and Aesthetic Surgeon (InaPRAS)
 July 16th - 19th, 2019, Hermes Palace Hotel & RSUD dr Zainoel Abidin, Banda Aceh

"Implementation of Basic Science and Latest Technology for Improving Surgical Technique in Plastic Reconstructive and Aesthetic Surgery"

Free Paper 10
 Thursday, July 18th, 2019
 Time : 17.00-18.00
 Aceh 1&2 Room

NO	CODE	TIME	NAME	COUNTRY	TITLE	INSTITUSI
1	OP25	17.00-17.10	Ruth F M Lumbuun	Indonesia	Extensive Electrical Burn Injury: Long Term Outcome Involving Head, External Genitalia and Inguinal Area	Plastic, Reconstructive and Aesthetic Surgery Division, Department of Surgery, Cipto Mangunkusumo National General Hospital - Faculty of Medicine University of Indonesia, Jakarta, Indonesia
2	OP27	17.10-17.20	Ulfa Elfiah	Indonesia	Quality of Life For Second Degree Burn Patients Post Skin Graft	Laboratorium Bedah KSD dr. Soebandi-Fakultas Kedokteran Universitas Jember
3	OP28	17.20-17.30	Yuci Siswanto	Indonesia	Clitoroplasty For Management Of Congenital Adrenal Hyperplasia : A Five-Year Experience At RSUD DR. SAIFUL ANWAR	Division of Plastic Reconstructive and Aesthetic Surgery, Department of Surgery Faculty of Medicine Universitas Brawijaya Malang - RSUD Dr. Saiful Anwar Malang
4	OP30	17.30-17.40	Yuci Siswanto	Indonesia	Intralesional Bleomycin Injection Treatment For Haemangiomas: A Two-Year Experience At Rssud Dr. Saiful Anwar Malang	Division of Plastic Reconstructive and Aesthetic Surgery, Department of Surgery Faculty of Medicine Universitas Brawijaya Malang - RSUD Dr. Saiful Anwar Malang
5	OP31	17.40-17.50	Sitha Christine	Indonesia	Comparison between diluted povidone iodine and betaine surfactant solution for wound irrigation solution	Universitas Indonesia-Universitas Padjadjaran