

POLA PENGGUNAAN DIURETIK PADA PASIEN SIROSIS HEPATIK DENGAN KOMPLIKASI ASITES (Penelitian Dilakukan di Ruang Rawat Inap Departemen Penyakit Dalam Rumkital Dr. Ramelan Surabaya)

**KHOTIMATUL KHUMIYAH**

Drs. Sumarno, Apt., Sp.FRS

KKB KK FF 266 11 Khu p

**ABSTRACT**

**Background:** Ascites is the accumulation of fluid in the peritoneal space and it is often one of the first signs of decompensated liver disease. Ascites is the most common complication of cirrhosis and indicates a poor prognosis. Ascites only occurs when portal hypertension has developed and is primarily related to an inability to excrete an adequate amount of sodium into urine, leading to a positive sodium balance. The development of ascites is associated with a poor prognosis and impaired quality of life in patients with cirrhosis.

**Aims:** The purpose of this study was to analyze the diuretics profile, dose, and route administrations and the appropriateness therapy with clinical and laboratory data in cirrhosis hepatic patients with ascites.

**Methods:** A prospective methods with descriptive analysis was done in 18 patients at Departemen of Intenal Medicine Dr. Ramelan Naval Hospital Surabaya during March 25<sup>th</sup> to June 19<sup>th</sup> 2011 who prefix diagnose cirrhosis hepatic with ascites.

**Result:** Patient common received spironolactone and furosemide as diuretics agent to mobilize ascites fluid. Diuretics spironolactone-furosemide combination is given to 16 patients (88,88%), single diuretics spironolactone and furosemide are given to 1 pasien (5,56%). The initial regimentation diuretics in pasien CH with ascites stage II are furosemide 40 mg p.o (1-2x1) an spironolactone 100 mg p.o (1-2x1) in 5 patients; furosemide 20 mg i.v (1-2x1) an spironolactone 100 mg p.o (1-2x1) in 6 patients. The regimentation of ascites stage III are furosemide 40 mg p.o (1-2x1) an spironolactone 100 mg p.o (2x1) in 2 patients; furosemide 20 mg i.v (1x1) an spironolactone 100 mg p.o (2x1) in 2 patients. In 2 patients were used continuous I.V. infusion furosemide 4 mg/hour-15mg/hour. Then some patients were made dosage adjustments according to patient's condition (level of albumin, the condition of ascites, blood pressure and laboratory data). The regimentation of diuretics dose in patients with cirrhosis with ascites complications vary widely adapted to the patient's clinical condition. Drug related problems (DRPs) that could be found in this study were drug interaction between diuretics and the other drugs, less appropriate use of furosemid in anuria patient ascites with comorbid CKD stage, and electrolyte imbalance.

**Conclusion:** The parameters of the effective use of diuretics is the reduction of abdominal circumference. 18 patients had a decrease in abdominal circumference level at the end of diuretics therapy. The average percentage decrease of abdominal circumference are 6,41% in patiens ascites stage II and 9,17% in patiens ascites stage III.

Keyword: DUS (Drug Utilization Study), Cirrhosis Hepatic, Ascites, Diuretics

