

Lampiran 1. Biodata Peneliti

BIODATA PENELITI

A. Data Pribadi

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Satyalancana Karya Satya X : 2016 dari Presien Republik Indonesia

Samarinda, 1 Juli 2020

Penulis



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Lampiran 2. Screenshot Judul Jurnal

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 ELSEVIER

RESEARCH ARTICLE

Electro-acupuncture Stimulation at Acupoints Reduced the Severity of Hypotension During Anesthesia in Patients Undergoing Liver Transplantation[☆]

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KEYWORDS
 electro-acupuncture;
 hypotension;
 liver transplantation

Abstract

Background: Patients with end-stage liver diseases who undergo liver transplantation may suffer from hypotension related to the liver disease itself or related to the surgical procedure. Because electro-acupuncture (EA) at the Neiguan (PC-6) and the Jianshi (PC-5) points influences hemodynamics, we hypothesize that electro-acupuncture at the traditionally used acupuncture points will reduce the severity of hypotension in patients who undergo liver transplantation.

Methods: Forty patients with end-stage liver disease who underwent orthotopic deceased donor liver transplantation were randomized into two groups. The norepinephrine (NE) group received norepinephrine as a vasoconstrictor, and the electro-acupuncture group received EA at the PC-5 and the PC-6 points for treatment of hypotension during anesthesia for the liver transplantation. The patients were monitored, during the three stages of liver transplantation by using hemodynamic parameters.

Results: During the three stages of liver transplantation, there were no significant differences in the hemodynamic measurements including the mean arterial pressure, heart rate and central venous pressure between the two groups ($p > 0.05$).

Conclusions: Electro-acupuncture at the acupuncture points reduced the severity and the incidence of hypotension during anesthesia for liver transplantation.

Activate Windows

Long-Lasting Reduction of Blood Pressure by Electroacupuncture in Patients with Hypertension: Randomized Controlled Trial

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ABSTRACT

Background: Acupuncture at specific acupoints has experimentally been found to reduce chronically elevated blood pressure.

Objective: To examine effectiveness of electroacupuncture (EA) at select acupoints to reduce systolic blood pressure (SBP) and diastolic blood pressures (DBP) in hypertensive patients.

Design: Two-arm parallel study.

Patients: Sixty-five hypertensive patients not receiving medication were assigned randomly to one of the two acupuncture intervention (33 versus 32 patients).

Intervention: Patients were assessed with 24-hour ambulatory blood pressure monitoring. They were treated with 30-minutes of EA at PC 5-6+ST 36-37 or LI 6-7+GB 37-39 once weekly for 8 weeks. Four acupuncturists provided single-blinded treatment.

Main outcome measures: Primary outcomes measuring effectiveness of EA were peak and average SBP and DBP. Secondary outcomes examined underlying mechanisms of acupuncture with plasma norepinephrine, renin, and aldosterone before and after 8 weeks of treatment. Outcomes were obtained by double-blinded evaluation.

Results: After 8 weeks, 33 patients treated with EA at PC 5-6+ST 36-37 had decreased peak and average SBP and DBP, compared with 32 patients treated with EA at LI 6-7+GB 37-39 control acupoints. Changes in blood pressures significantly differed between the two patient groups. In 14 patients, a long-lasting blood pressure-lowering acupuncture effect was observed for an additional 4 weeks of EA at PC 5-6+ST 36-37. After treatment, the plasma concentration of norepinephrine, which was initially elevated, was decreased by 41%; likewise, renin was decreased by 67% and aldosterone by 22%.

Conclusions: EA at select acupoints reduces blood pressure. Sympathetic and renin-aldosterone systems were likely related to the long-lasting EA actions.

Key Words: Neiguan-Jianshi and Zusanli-Shangjuxu, Pizhi-Wenlu and Qianming-Xuanzhong, Point Specificity

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CME available online at www.medicalacupuncture.org/cme Questions on page 265.

PAIN

Transcutaneous electric acupoint stimulation reduces intra-operative remifentanyl consumption and alleviates postoperative side-effects in patients undergoing sinusotomy: a prospective, randomized, placebo-controlled trial

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Editor's key points

- Transcutaneous electroacupuncture stimulation (TEAS) may provide non-invasive analgesia with minimal side-effects.
- Well-designed trials are needed to assess acupuncture-based techniques, such as TEAS, over placebo.
- This double-blind randomized controlled trial assesses the use of TEAS for acute perioperative pain.
- TEAS reduced remifentanyl requirements and some side-effects compared with placebo.
- This simple, non-invasive

Background. Although opioids are widely used as analgesics in general anaesthesia, they have unpleasant side-effects and can delay postoperative recovery. Acupuncture and related techniques are effective for acute and chronic pain, and reduces some side-effects. We assessed the effect of transcutaneous electric acupoint stimulation (TEAS) on intra-operative remifentanyl consumption and the incidences of anaesthesia-related side-effects.

Methods. Sixty patients undergoing sinusotomy were randomly assigned to TEAS or control group. TEAS consisted of 30 min of stimulation (6–9 mA, 2/10 Hz) on the Hegu (L4), Neiguan (PC6), and Zusanli (ST36) before anaesthesia. The patients in the control group had the electrodes applied, but received no stimulation. Bispectral index was used to monitor the depth of anaesthesia. Perioperative haemodynamics were recorded, and peripheral blood samples were collected to measure the levels of mediators of surgical stress. The primary end point was intraoperative remifentanyl consumption and the secondary endpoints were recovery quality and anaesthesia-related side-effects.

Results. Patients in the TEAS group required 39% less remifentanyl during surgery than controls [0.0907 (so 0.026) $\mu\text{g kg}^{-1} \text{min}^{-1}$ vs 0.051 (0.018) $\mu\text{g kg}^{-1} \text{min}^{-1}$]. There were no differences in intra-operative haemodynamics or surgical stress between groups. However, the time to extubation and recall in the control group was 16.8 (6.8) min and 23.0 (5.0) min, respectively, significantly longer than that in the TEAS group ($P < 0.01$). TEAS also decreased the incidence of dizziness and pruritus within the first 24 h after surgery ($P < 0.01$).

Conclusion. The use of TEAS significantly reduced intra-operative remifentanyl consumption and alleviated postoperative side-effects in patients undergoing sinusotomy.

Peripheral nerve stimulator-induced electrostimulation at the P6 point reduces the incidence of post-spinal hypotension in patients undergoing post-trauma orthopaedic surgery

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Keywords: P6 electrocupuncture, spinal anaesthesia, hypotension

Abstract

Objectives: Sympathetic block following spinal anaesthesia is often associated with a fall in blood pressure. This fall has been shown to be attenuated by using transcutaneous nerve stimulation at the P6 point in patients receiving spinal anaesthesia for Caesarean section. The aim of this study was to evaluate the efficacy of stimulation at the P6 point, using peripheral nerve stimulator (PNS), for the prevention of a fall in blood pressure in trauma patients undergoing surgery under spinal anaesthesia.

Design: Randomised, open-label, parallel-assignment, interventional trial.

Setting and subjects: Thirty-two American Society of Anaesthesiologists I and II young adult patients of either sex, who were scheduled for elective post-trauma lower limb orthopaedic surgery under spinal anaesthesia, were randomised into two equal groups. The control group (group A) received no P6 stimulation, while the study group (group B) received train-of-four electrical stimulation using the peripheral nerve stimulator (PNS) immediately prior to spinal anaesthesia until the completion of surgery.

Outcome measures: The primary outcome measure was mean arterial pressure (MAP) and the secondary outcome measure was heart rate and use of vasopressors.

Results: Of the 32 patients, there was a fall in mean arterial pressure (MAP) from basal value following spinal anaesthesia in 16 patients receiving P6 stimulation (group B), as well as in those not receiving it (group A). However, the onset of significant fall in MAP was not only delayed (20 minutes vs. 10 minutes), but was also of shorter duration (10 minutes vs. 50 minutes), in group B patients, than it was in patients in the non-stimulated group (group A), respectively.

Conclusion: Electrostimulation by PNS of the P6 point successfully attenuates the severity and duration of hypotension after spinal anaesthesia during post-trauma orthopaedic surgery.

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Lampiran 3. Surat Keterangan Uji Validasi

SURAT KETERANGAN

Assalam Alaikum Wr. Wb

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Wassalamu Alaikum Wr. Wr.

Samarinda, 1 Juli 2020

Pembimbing



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Lampiran 4. Format Konsultasi



FORMAT KONSULTASI

Judul Penelitian : Pengaruh Terapi Elektrik Akupuntur Terhadap
Mean Arterial Pressure Pada Pasien Hipertensi :
Literature Review

Nama Pembimbing : Ns. Taufik Septiawan, M.Kep

NO	TANGGAL	KONSULTASI	HASIL KONSULTASI	PARAF
1.	16 Juni 2020	Judul	- Ganti Judul karna corona - ACC	
2.	18 Juni 2020	Kata Pengantar, Bab I,II dan III	- Bagi Peneliti di tambahkan - Apakah ada pengaruh berdasarkan hasil literatur riview - sesuaikan dengan tabel - bab 3 de lengkapi - segera kerjakan bab 4 dan 5	
3.	20 Juni 2020	Kata Pengantar, Bab I,II dan III	Lengkapi dan masukan Juga rektor, Kaprodi Punguji 1 dan lain lain - Efektivitas untuk menurunkan tekanan darah? - Hati hati kalau kopas - Koma dan kotak di atur rapi - Lebih efektif dalam hal apa di perjelas - Pembahasan setelah tabel di tambahkan - Di perjels dalam hal apa menurunkan tekanan darah	
4.	22 juni 2020	Bab IV dan V	- Di perjelas dalam menurunkan MAP - Konsisten menggunakan bahasa Elektro atau elktrik - Setelah titik gunakan spasi - Paragraf terlalu panjang	

			<ul style="list-style-type: none"> - 1 paragraf maks 9 -12 alenia - Masukkan asumsi penelitian - Diperjelas Penurunan MAP - Masukkan keterbatasan penelitian - Sesuaikan dengan tujuan khusus penelitian - Metodologinya lebih d jelaskan - Saran untuk penelitian selanjutnya institusi pendidikan, kesehatan DII 	
5.	24 Juni 2020	Bab III, IV	<ul style="list-style-type: none"> - Masukkan juga penilaian skor RAC nya - Format RAC pake Duffy - Perbaiki tulisan elektroakupunktur/ elektro akupunktur - Masih banyak typo , hati hati. - Pembahasan terlalu sedikit. - Tambahkan titik apa yang digunakan, metode dan hasilnya. - a kecil dan b kecil tanpa kurung. - Bahasa asing di miringkan, tabel bagian vertikal di buat transparan - Tambahkan tabel design penelitian - Bab 2 bisa bantu pembahasan 	
6.	26 Juni 2020	Bab III,IV dan V	<ul style="list-style-type: none"> - Perjelas peneliti nya - Tambahkan asumsi penelitian - Pembahasan masih terlalu sedikit - Dikembangkan di bagian cara penggunaan 	

			alatnya - Tambahkan keterbatasan penelitian	
7	1 Juli 2020	Bab III,IV dan V	- Pre clinical dan clinic bisa bantu pembahasan - Telusuri sumber asli jurnalnya - Hitung MAP nya	
8	10 Juli 2020	Bab III,IV dan V	- Tujuan tambahkan terhadap MAP pada pasien hipertensi. - Kesimpulan menjawab tujuan - Saran disampaikan untuk menggunakan ea sebagai pengobatan dan perawatan - Klasifikasikan, rapikan dan perhatikan typo - Jarak gambar jangan terlalu jauh - Garis vertikal pada tabel di transparankan - Metode/ desain jg di tunjukkan - Tunjukkan before dan after atau pre dan post untuk penelitian lebih kuat - Tidak perlu pakai kalimat sepengetahuan DST	
9	13 Juli 2020		- ACC	

Lampiran 5.Cover

SKRIPSI: Pengaruh Terapi
Elektrik Akupunktur Terhadap
Mean Arterial Pressure Pada
Pasien Hipertensi : Literature
Review

by Hamsih Hamsih

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Lampiran 6. Uji Turnitin

SKRIPSI: Pengaruh Terapi Elektrik Akupunktur Terhadap Mean Arterial Pressure Pada Pasien Hipertensi : Literature Review

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