

DAFTAR PUSTAKA

1. Xu Xiang, Ping Shi, Ping Zhang, Jun sen, Jian Kang. Impact of platelet-rich fibrin on mandibula third molar surgery recovery: a systematic review and metaanalysis . J. BMC oral Health 2019;19:163
2. Elif Oncu, Burak Bayram, Alpdogan Kantarci, Serap Gulsevar et-all .Positive effect of platelet rich fibrin on osseointegration. J. Med Oral patol Oral Cir Bucal. 2019. 1;21(50):e601-7.
3. N. Gupta, S. Agarawal. Clinical evaluation in impacted mandibula third molar socket . J. Stomatol Oral Maxillofac Surg. 2020. Elsavier Mansson 836.P.7.
4. H. Unsal, GNH Erbasar. Evaluation of the effect of platelet-Rich Fibrin on the alveolar Osteitis Incidenci and Periodontal probing depth after extracting partially Erupted Mandibula Third Molars Extraction. J. Niger Clin Pract 2018;21:201-5.
5. Borie E, Oliví DG, Orsi IA, Garlet K, Weber B, Beltrán V, Fuentes R. Platelet-rich fibrin application in dentistry: a literature review. Int J Clin Exp Med. 2015 May 15;8(5):7922-9
6. Andrea Caruana, Daniela Savina, Jose PM, et-all From Platelet- Rich plasma to Advanced Platelet-Rich Fibrin: Biological Achievments and Clical Advanced in Modern Surgery. Eur J Dent.. 2019;13:280-286.
7. Teodara Verinoca G., Christina Cozma. Platelet-rich plasma as a site-targeted approach in wound healing a molecular perspective. J. Discoveries 2018, 6(4);e87.
8. Amjed AG, Aurelia Trislina P, Matthew, Platelet-Rich Plasma: Principles and Applications in Plastic Surgery. J. Semin Plast Surg 2019;33:155-161.
9. Deborah CH, Monica Rubio Zargoza, et-all. Platelet Rich Plasma: New Insight for Cutaneus Wound Healing Management. J of Fuctional Biomaterial. 2018;9:10


10. Ghanaati S, Booms P, Orłowska A, Kubesch A, Lorenz J, Rutkowski J, Landes C, Sader R, Kirkpatrick C, Choukroun J. Advanced platelet-rich fibrin: a new concept for cell-based tissue engineering by means of inflammatory cells. *J Oral Implantol*. 2014;40:679-89
11. Dahlan MS. Pengambilan sampel dalam penelitian. Jakarta: Salemba Medika. 2010;
12. Deliverska E, Petkova M. COMPLICATIONS AFTER EXTRACTION OF IMPACTED THIRD MOLARS - LITERATURE REVIEW. *Journal of IMAB - Annual Proceeding (Scientific Papers)*. 2016;22(3):1202-1211.
13. Hansson S, Halldin A. Alveolar ridge resorption after tooth extraction: A consequence of a fundamental principle of bone physiology. *Journal of Dental Biomechanics*. 2012;3(0):e3.
14. Simundic AM, Bolenius K, Cadamuro J, Church St CMP. EFLM Recommendation for venous blood sampling. *Eur Fed Corros Publ*. 2017; 2015-38.
15. Miron RJ, Zucchelli G, Pikos MA, et al. Use of platelet-rich fibrin in regenerative dentistry: a systematic review. *Clin Oral Invest* 21. 2017;1913–1927.
16. Bilginaylar K, Uyanik LO. Evaluation of the effects of platelet-rich fibrin and piezosurgery on outcomes after removal of impacted mandibula third molars. *Br J Oral Maxillofac Surg*. 2016 Jul;54(6):629–33.
17. Gupta N, Agarwal S. Advanced-PRF: Clinical evaluation in impacted mandibula third molar sockets. *J Stomatol Oral Maxillofac Surg*. 2021 Feb;122(1):43–9.
18. Boonstra AM, Schiphorst Preuper HR, Balk GA, Stewart RE. Cut-off points for mild, moderate, and severe pain on the visual analogue scale for pain in patients with chronic musculoskeletal pain. *Pain*. 2014 Dec;155(12):2545–50.
19. Jeyaraj PE, Chakranarayan A. Soft Tissue Healing and Bony Regeneration of Impacted Mandibula Third Molar Extraction Sockets, Following Postoperative Incorporation of Platelet-rich Fibrin. *Ann Maxillofac Surg*. 2018 Jan;8(1):10–8.

20. Falci SGM, Lima TC, Martins CC, dos Santos CRR, Pinheiro MLP. Preemptive Effect of Dexamethasone in Third-Molar Surgery: A Meta-Analysis. *Anesth Prog.* 2017; 64 (3): 136–143.
21. Govindhasamy G, Shanmugam S, Michael R. Tongue flap- a good choice for intraoral reconstruction after marginal mandibulectomy: a single institution retrospective study of 27 cases [Internet]. Vol. 5, *International Journal of Otorhinolaryngology and Head and Neck Surgery*. 2019. p. 1217. Available from: <http://dx.doi.org/10.18203/issn.2454-5929.ijohns20193858>
22. Pippi R. Post-Surgical Clinical Monitoring of Soft Tissue Wound Healing in Periodontal and Implant Surgery. *Int J Med Sci.* 2017 Jul 18;14(8):721-728.
23. Ismael S. Sastroasmoro S. *Dasar-dasar metodologi Penelitian Klinis; Edisi ke-5.* CV Sagung Seto Jakarta. 2014;
24. Dahlan MS. *Statistik: Untuk kedokteran dan kesehatan.* 6th Edisi. Jakarta: Epidemiologi Indonesia. 2014;
25. Bello SA, Adeyemo WL, Bamgbose BO, Obi EV, Adeyinka A. Effect of age, impaction types and operative time on inflammatory tissue reactions following lower third molar surgery. *Head & face medicine.* 2011 Dec;7(1):1-8.
26. Jeyaraj PE, Chakranarayan A. Soft tissue healing and bony regeneration of impacted mandibula third molar extraction sockets, following postoperative incorporation of platelet-rich fibrin. *Annals of maxillofacial surgery.* 2018 Jan;8(1):10.
27. Dar MM, Shah AA, Najar AL, Younis M, Kapoor M, Dar JI. Healing potential of platelet rich fibrin in impacted mandibula third molar extraction sockets. *Annals of maxillofacial surgery.* 2018 Jul;8(2):206.
28. Starzyńska, A., Kaczoruk-Wieremczuk, M., Lopez, M.A., Passarelli, P.C. and Adamska, P., 2021. The growth factors in advanced platelet-rich fibrin (A-PRF) reduce postoperative complications after mandibula third molar odontectomy. *International Journal of Environmental Research and Public Health*, 18(24), p.13343.
29. Del Fabbro M, Bortolin M, Taschieri S. Is autologous platelet concentrate beneficial for post-extraction socket healing? A systematic review.


- International journal of oral and maxillofacial surgery. 2011 Sep 1;40(9):891-900.
30. Sequeria JP, Johri S. Platelet rich plasma: clinical applications in dentistry. *Sch J Dent Sci.* 2015;2:355-62.
 31. Chen PH, Chen X, He X. Platelet-derived growth factors and their receptors: structural and functional perspectives. *Biochimica et Biophysica Acta (BBA)- Proteins and Proteomics.* 2013 Oct 1;1834(10):2176-86.
 32. Dehkhoda F, Lee CM, Medina J, Brooks AJ. The growth hormone receptor: mechanism of receptor activation, cell signaling, and physiological aspects. *Frontiers in endocrinology.* 2018 Feb 13;9:35.
 33. Kubiczikova L, Sedlarikova L, Hajek R, Sevcikova S. TGF- β —an excellent servant but a bad master. *Journal of translational medicine.* 2012 Dec;10:1-24.
 34. He L, Lin Y, Hu X, Zhang Y, Wu H. A comparative study of platelet-rich fibrin (PRF) and platelet-rich plasma (PRP) on the effect of proliferation and differentiation of rat osteoblasts in vitro. *Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontology.* 2009 Nov 1;108(5):707-13.
 35. Preeja C, Arun S. Platelet-rich fibrin: Its role in periodontal regeneration. *The Saudi Journal for Dental Research.* 2014;5(2):117-22.
 36. Zhu J, Zhang S, Yuan X, He T, Liu H, Wang J, et al. Effect of platelet-rich fibrin on the control of alveolar osteitis, pain, trismus, soft tissue healing, and swelling following mandibular third molar surgery: an updated systematic review and meta-analysis. *International Journal of Oral and Maxillofacial Surgery.* 2021;50(3):398-406.
 37. Uyanik LO, Bilginaylar K, Etikan İ. Effects of platelet-rich fibrin and piezosurgery on impacted mandibular third molar surgery outcomes. *Head & Face Medicine.* 2015;11(1):25.
 38. Kumar N, Prasad K, Ramanujam L, Ranganath K, Dexith J, Chauhan A. Evaluation of treatment outcome after impacted mandibular third molar surgery with the use of autologous platelet-rich fibrin: a randomized controlled clinical study. *Journal of Oral and Maxillofacial Surgery.* 2015 Jun 1;73(6):1042-9.

DAFTAR LAMPIRAN

1. Persetujuan Etik





KEMENTERIAN RISET, TEKNOLOGI DAN PENDIDIKAN TINGGI
UNIVERSITAS HASANUDDIN
FAKULTAS KEDOKTERAN GIGI
RUMAH SAKIT GIGI DAN MULUT
KOMITE ETIK PENELITIAN KESEHATAN
 Sekretariat : Lantai 2, Gedung Lama RSGM Unhas
 JL.Kandea No. 5 Makassar
Contact Person: drg. Muhammad Ikkal, Sp.Pro/Nur Aedah AR TELP. 081342971011/08114919191



REKOMENDASI PERSETUJUAN ETIK
 Nomor: 0038/PL.09/KEPK FKG-RSGM UNHAS/2022

Tanggal: 24 Februari 2022

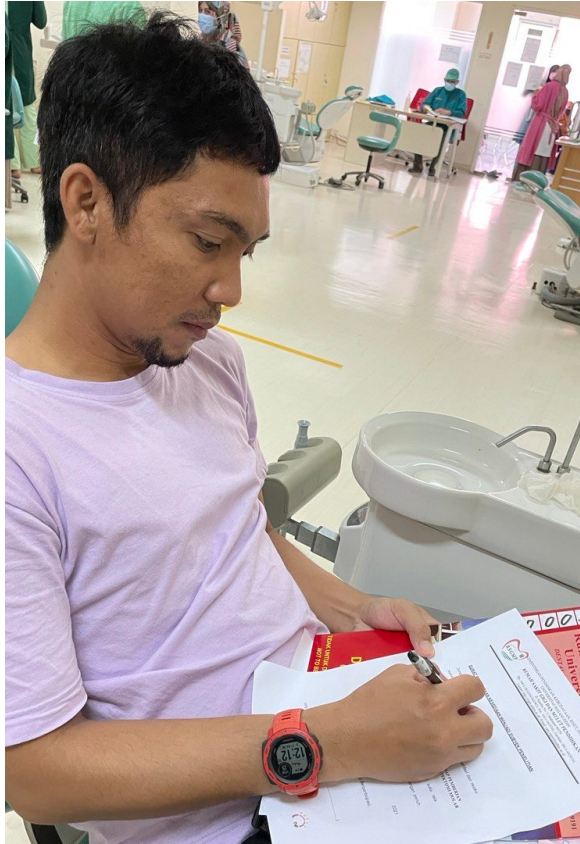
Dengan ini menyatakan bahwa protokol dan dokumen yang berhubungan dengan protokol berikut ini telah mendapatkan persetujuan etik:

No. Protokol	UH 17120622	No Protokol Sponsor	
Peneliti Utama	drg. Rachmady Nofriansyah	Sponsor	Pribadi
Judul Peneliti	Analisis Klinis dan Radiografi terhadap Pemberian Platelet-Rich Fibrin (PRF) pada Tindakan Odontectomi Molar Ketiga Mandibula		
No. Versi Protokol	1	Tanggal Versi	16 Februari 2022
No. Versi Protokol		Tanggal Versi	
Tempat Penelitian	RSGMP UNHAS		
Dokumen Lain			
Jenis Review	<input type="checkbox"/> Exempted <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Fullboard	Masa Berlaku 24 Februari 2022-24 Februari 2023	Frekuensi Review Lanjutan
Ketua Komisi Etik Penelitian	Nama: Dr. drg. Marhamah, M.Kes	Tanda Tangan 	Tanggal
Sekretaris Komisi Etik Penelitian	Nama: drg. Muhammad Ikkal, Sp.Pros	Tanda Tangan 	Tanggal

Kewajiban peneliti utama:

- Menyerahkan Amandemen Protokol untuk persetujuan sebelum diimplementasikan
- Menyerahkan laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan lapor SUSAR dalam 72 jam setelah peneliti utama menerima laporan.
- Menyerahkan laporan kemajuan (*progress report*) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah.
- Menyerahkan laporan akhir setelah penelitian berakhir.
- Melaporkan penyimpangan dari protokol yang disetujui (*protocol deviation/violation*)
- Mematuhi semua aturan yang berlaku.

2. Persetujuan tindakan kesedian mengikuti subyek penelitian





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SURAT PERNYATAAN KESEDIAAN MENJADI SUBYEK PENELITIAN

Dengan ini saya,

Nama : *Mn Azisah Asni*

Umur : *32 tahun*

JenisKelamin : ~~Laki-laki~~ / Perempuan

Setelah mendapat penjelasan secukupnya mengenai manfaat dan resiko penelitian dengan judul :

"ANALISIS KLINIS DAN RADIOGRAFI TERHADAP PEMBERIAN PLATELET-RICH FIBRIN (PRF) PADA TINDAKAN ODONTEKTOMI MOLAR KETIGA MANDIBULA"

Dengan ini menyatakan bahwa saya bersedia dengan suka rela berpartisipasi menjadi subjek penelitian tersebut.

Demikian pernyataan ini saya buat dengan sebenarnya dengan penuh kesadaran dan tanpa paksaan.

Makassar *14- 01 - 2021*

Peneliti,

Yang Berpartisipasi,

(drg. Rachmady Nofriansyah)

(.....*A*.....)



3. Rekapitulasi penilaian Non PRF

**NON PRF**

Nama : H H Trisno / 35 tahun
 No. RM : 050922
 Alamat : Makassar
 No. Hp : 081545851666
 Diagnosis/ Tindakan : Impaksi gigi 407 kb II poster A media angular.

POD	VAS	TRISMUS	PEMBENGGAKAN	J. PERIODONTAL
I Tanggal : 1/11/2021	3	3,6 mm	1. Kantus. L → Ramus : 3,8 cm 2. Tragus → Comisurra : 12 cm 3. Tragus → Pgenion : 15,6 cm	2 post
III Tanggal : 8/4/2021	3	38 mm	1. Kantus. L → Ramus : 19,8 cm 2. Tragus → Comisurra : 12,2 cm 3. Tragus → Pgenion : 16,2 cm	3 good
V Tanggal : 8/4/2021	2	38 mm	1. Kantus. L → Ramus : 19,8 cm 2. Tragus → Comisurra : 12,2 cm 3. Tragus → Pgenion : 15,6 cm	3 good
VII Tanggal : 8/11/2021	2	38 mm	1. Kantus. L → Ramus : 19,2 cm 2. Tragus → Comisurra : 14,5 cm 3. Tragus → Pgenion : 14,1 cm	3 good.

Bulan	Overall density Score	Trabecular Pattern score
I 2/11/21	0	0
III 8/2/22	1	1
V 16/5/22	1	2

4. Form penialain pasien PRF



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RUMAH SAKIT GIGI DAN MULUT PENDIDIKAN

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Laman: <http://rsgm.unhas.ac.id/>, Email: care.rsgm@unhas.ac.id

PRF

Nama : Nn. Masriani / 21 thn
 No. RM : 060870
 Alamat : Makassar
 No. Hp : 081313778449
 Diagnosis/ Tindakan : Impaksi gigi ke kiri II postri A menonjol

POD	VAS	TRISMUS	PEMBENGGKAKAN	J. PERIODONTAL
I Tanggal : 6/2/2022	1	84 mm	1. Kantus. L → Ramus : 10,4 cm 2. Tragus → Comisurra : 11 cm 3. Tragus → Pgenion : 13 cm	3 good
III Tanggal : 8/1/2022	0	40 mm	1. Kantus. L → Ramus : 10 cm 2. Tragus → Comisurra : 11,5 cm 3. Tragus → Pgenion : 14,5 cm	3 good
V Tanggal : 10/2/2022	0	41 mm	1. Kantus. L → Ramus : 10 cm 2. Tragus → Comisurra : 9,5 cm 3. Tragus → Pgenion : 11,2 cm	3 good
VII Tanggal : 12/2/2022	0	41 mm	1. Kantus. L → Ramus : 10 cm 2. Tragus → Comisurra : 9 cm 3. Tragus → Pgenion : 11,2 cm	4 Very good.

Bulan	Overall density Score	Trabecular Pattern score
I 7/3/2022	0	0
III 10/6/2022	1	1
V 12/9/2022	2	2



5. Form Rekapitulasi Data Penelitian Tanpa PRF

No	Nama	Usia (Tahun)	Jenis Kelamin	No HP	No RM	Alamat	Rumah Sakit	Unsur	Tanggal Operasi	Diagnosa
1	Nn. Riska Novianti	25thn	Perempuan	085794234760	061960	Makassar	RSGM	38	12/07/21	Impaksi gigi 38 kls. II posisi B horizontal
2	Tn. M.Aqil Amin	23thn	Laki-laki	08534252721	059340	Makassar	RSGM	48	19/07/21	Impaksi gigi 38 kls. II posisi A mesioangular
3	Tn. Zulfaisal Ibrahim	24thn	Laki-laki	082115434697	059349	Makassar	RSGM	38	19/11/21	Impaksi gigi 38 kls. II posisi A Horizontal
4	Tn. Arjuna Najib	24thn	Laki-laki	085935012431	058787	Makassar	RSGM	48	25/10/2021	Impaksi gigi 38 kls. II posisi A Horizontal
5	Nn. Ibrati Nugraha	30thn	Perempuan	085343948024	058871	Makassar	RSGM	38	27/10/21	Impaksi gigi 38 kls. II posisi A Horizontal
6	Nn. Nurul Khaki	26 thn	Perempuan	085298397084	058834	Makassar	RSGM	48	26/10/21	Impaksi gigi 48 kls. II posisi B Horizontal
7	Tn. Hamzah rizal	22thn	Laki-laki	089603489846	058787	Makassar	RSGM	38	26/10/21	Impaksi gigi 48 kls. II posisi B Horizontal
8	Ny. Rika Alpianty	30thn	Perempuan	082291801308	-	Makassar	RSGM	48	21/12/21	Impaksi gigi 38 kls. II posisi A horizontal
9	Tn. Arfan Tangke	27thn	Laki-laki	082349835598	058803	Makassar	RSGM	48	25/10/21	Impaksi gigi 48 kls. II posisi A Horizontal
10	Tn. Muh. Ahyat	25thn	Laki-laki	082348683046	058890	Makassar	RSGM	38	01/11/21	Impaksi gigi 38 kls II posisi A mesioangular
11	Tn. Habil Noor	36thn	Laki-laki	081241380910	058824	Makassar	RSGM	38	25/10/2021	Impaksi gigi 38 kls II posisi A mesioangular
12	Tn. Leonardi	33thn	Laki-laki	085211010888	058921	Makassar	RSGM	38	01/11/21	Impaksi gigi 38 kls II posisi A Horizontal
13	Tn. Trisno	35thn	Laki-laki	081945851666	058922	Makassar	RSGM	48	01/11/21	Impaksi gigi 48 kls II posisi A mesioangular
14	Ny. Jesica	28thn	Perempuan	081355955492	058924	Makassar	RSGM	48	1/11/2021	Impaksi 48 kls II Posisi A Horizontal
15	Tn. A. Dwi S	24thn	Laki-laki	085789403422	066982	Makassar	RSGM	38	05/11/21	Impaksi gigi 38 kls II posisi A Horizontal
16	Nn. Erlina R	22thn	Perempuan	081365914789	067854	Makassar	RSGM	38	05/11/21	Impaksi gigi 38 kls II posisi A Vertikal
17	Nn. Desriani E	30thn	Perempuan	081245523900	064579	Makassar	RSGM	48	05/11/21	Impaksi gigi 48 kls II posisi A Vertikal
18	Nn. Ajeng	22thn	Perempuan	08239998802	0678552	Makassar	RSGM	38	05/11/21	Impaksi gigi 38 kls II posisi A Horizontal
19	Nn. Mawar	22thn	Perempuan	081365914789	067860	Makassar	RSGM	38	05/11/21	Impaksi gigi 38 kls II posisi A Vertikal

POD I						POD II						POD V					
VAS (Visual analog Scale)	Trismus	Udema			Status Jaringan. Periodontal	VAS (Visual analog Scale)	Trismus	Udema			Status Jaringan. Periodontal	VAS (Visual analog Scale)	Trismus	Udema			Status Jaringan. Periodontal
		Kantus. Lateral → Ramus	Tragus → Comisura	Tragus → Pgenion				Kantus. Lateral → Ramus	Tragus → Comisura	Tragus → Pgenion				Kantus. Lateral → Ramus	Tragus → Comisura	Tragus → Pgenion	
5	2,5cm	13cm	12,5cm	15,1cm	2 (Poor)	4	3,1cm	12,4cm	12,2cm	14,5cm	3(good)	3	3,5cm	11,5cm	10cm	13,5cm	3(good)
3	3,3cm	11,5cm	14cm	15,5cm	3(Good)	3	3,5cm	11cm	12,2cm	16,6cm	3(good)	3	4,1cm	9,2cm	12,4cm	15,5cm	3(good)
3	3,5cm	11,6cm	13,8cm	12cm	3(Good)	2	3,8cm	12,2cm	14,2cm	15,6cm	3(good)	2	4,1cm	10,6cm	11,2cm	15cm	3(good)
4	3,5cm	12cm	15cm	15cm	3(Good)	3	4,8cm	10cm	11,5cm	14,1cm	3(good)	2	4,8cm	5,5cm	13,1cm	11,1cm	3(good)
4	2,1cm	10,4cm	10,5cm	15,6cm	2(Poor)	3	3,8cm	10cm	10,5cm	14,5	3(good)	3	3,75cm	10cm	9,9cm	13,9cm	3(good)
5	2,3cm	8,9cm	11cm	13,5cm	2(Poor)	3	2,6cm	8,9cm	10,5cm	13,9cm	3(good)	3	3cm	8,9cm	10,6cm	13,2cm	3(good)
3	3,1cm	9,6cm	11cm	11,1cm	3 (Good)	4	3,7cm	10,2cm	12cm	15,5cm	3 (good)	2	4cm	8,8cm	13,2cm	14,9cm	3(good)
5	2,5cm	13cm	12,5cm	15,1cm	2 (Poor)	4	3,1cm	12,4cm	12,2cm	14,5cm	3(good)	3	3,5cm	11,5cm	10cm	13,5cm	3(good)
4	2,4cm	10,5cm	13cm	15,4cm	2 (Poor)	4	2,8cm	10cm	12,3cm	15,2cm	3(good)	3	3,8CM	12,8cm	11,9cm	15,5cm	3(good)
6	3,4cm	9,9cm	10,5cm	13,3cm	2(Poor)	4	3,8cm	9,5cm	10cm	14,3cm	2(Poor)	3	3,8cm	9,5cm	10cm	14,3cm	3(good)
3	3,9cm	9,2cm	11,2cm	14,9cm	2(Poor)	2	4,5cm	11cm	10,9cm	14cm	2(Poor)	2	4,5cm	10,4cm	11,4cm	15,4cm	3(good)
3	4cm	11,2cm	12,3cm	16cm	2(Poor)	3	4,15cm	9,8cm	12,2cm	15,7cm	3(good)	2	4,5cm	11,9cm	14,9cm	15,1cm	3(good)
3	3,6cm	9,9cm	12cm	15,6cm	2(Poor)	3	3,8cm	10,8cm	12,2cm	16,2 cm	3(ggod)	2	3,8cm	10,8cm	12,2cm	15,6cm	3(good)
5	2,3cm	9,9cm	9,8cm	14,2cm	2(Poor)	3	2,6cm	10,7cm	11,1cm	14,5cm	3 (good)	3	2,6cm	11,2cm	11cm	14,2cm	3(good)
3	2,6cm	10,5cm	11,5cm	15,2cm	2(Poor)	2	3,1cm	11,5cm	10,5cm	14cm	2(Poor)	2	3,8cm	10,2cm	10cm	14,1cm	3(good)
4	2,5cm	12,5cm	10,2cm	16,2cm	2(Poor)	3	3,2cm	14,5cm	11,1cm	15,2cm	2(Poor)	3	3,9cm	10,1cm	9,5cm	12,5cm	3(good)
3	3,5cm	12,5cm	10,2cm	16,2cm	2(Poor)	3	3,5cm	14,5cm	11,1cm	15,2cm	2(Poor)	3	3,9cm	10,1cm	9,5cm	12,5cm	3(good)
4	2,5cm	12,5cm	10,2cm	16,2cm	2(Poor)	3	3,2cm	14,5cm	11,1cm	15,2cm	2(Poor)	3	3,9cm	10,1cm	9,5cm	12,5cm	3(good)
4	2,5cm	12,5cm	10,2cm	16,2cm	2(Poor)	3	3,2cm	14,5cm	11,1cm	15,2cm	2(Poor)	3	3,9cm	10,1cm	9,5cm	12,5cm	3(good)

POD VII						BULAN I		BULAN III		BULAN VI	
VAS (Visual analog Scale)	Trismus	Udema			Status Jaringan. Periodontal	Overall density Score	Trabecular Pattern score	Overall density Score	Trabecular Pattern score	Overall density Score	Trabecular Pattern score
		Kantus. Lateral → Ramus	Tragus → Comisura	Tragus → Pgenion							
3	3,7cm	11cm	9cm	13	3(good)	0	0	1	1	2	1
1	4,4cm	8,5cm	11,5cm	15,5cm	3(good)	0	0	1	1	2	1
1	4,5cm	10cm	10,5cm	14cm	3(good)	0	0	1	1	2	1
1	5,5cm	9,2cm	11,1cm	14,2cm	3(good)	0	0	1	1	2	1
2	4,2cm	10,5cm	10,4cm	13,9cm	4(Verygood)	0	0	1	1	2	1
1	3,5cm	8,6cm	10,2cm	14cm	3(good)	0	0	1	1	2	1
1	4 cm	9,4cm	11,2cm	15,5cm	4 (very good)	0	0	1	1	2	1
2	3,6cm	10cm	9,2cm	12,5cm	3(good)	0	0	1	1	2	1
2	3,9cm	9,1cm	10,9cm	15,4cm	3(good)	0	0	1	1	2	1
3	4cm	9,5cm	10cm	13,3cm	3(good)	0	0	1	1	2	1
1	4,8cm	10,5cm	11cm	11,1cm	4(Verygood)	0	0	1	1	2	1
2	4,8cm	10,6cm	12,6cm	15,1cm	3(good)	0	0	1	1	2	1
2	3,8cm	10,2cm	14,5cm	14,5cm	3(good)	0	0	1	1	2	1
2	3,1cm	10,8cm	10,9cm	14,9cm	3(good)	0	0	1	1	2	1
2	4,1cm	9,2cm	9,1cm	12,1cm	3(good)	0	0	1	1	2	1
2	4,5cm	9,1cm	10,5cm	11,2cm	3(good)	0	0	1	1	2	1
2	4,5cm	9,1cm	10,5cm	11,2cm	3(good)	0	0	1	1	2	1
2	4,0cm	8,7cm	8,5cm	6,2cm	3(good)	0	0	1	1	2	1
2	4,5cm	8,5cm	9,4cm	11,2cm	3(good)	0	0	1	1	2	1

6. Form Rekapitulasi Data Penelitian PRF

No	Nama	Usia (Tahun)	Jenis Kelamin	No HP	No RM	Alamat	Rumah Sakit	Unsur	Tanggal Operasi	Diagnosa
1	Nn. Masriani	24thn	Perempuan	081343778449	060879	Makassar	RSGM	48	05/02/22	Impksi gigi 48 kls II posisi A mesioangular
2	Tn. Abd. Rahim	26thn	Laki-laki	08124142330	061460	Gowa	RSGM	48	05/02/22	Impksi gigi 48 kls I posisi A Horizontal
3	Nn. Azisah Asni	32thn	Perempuan	082317777907	060569	Makassar	RSGM	48	14/01/22	Impaksi gigi 48 kls II posisi A Horizontal
4	Ny. Nurhidayah	28thn	Perempuan	085331369715	046409	Makassar	RSGM	48	14/01/2022	Impaksi gigi 48 kls II posisi A Horizontal
5	Tn. Fauzan Maulana	21thn	Laki-laki	08219462632	061863	Makassar	RSGM	38	19/02/22	Impaksi gigi 48 kls II posisi A Horizontal
6	Tn. Jhon Calvin	23thn	Laki-laki	0812422261557	061603	Makassar	RSGM	48	12/02/22	Impaksi gigi 48 kls II posisi A Horizontal
7	Nn. A. Mardiana Ningrat	24thn	Perempuan	0895334255792	062830	Makassar	RSGM	38	13/02/22	Impaksi gigi 38 kls II posisi A mesioangular
8	Tn. Ahmad Reizaldi	20thn	Laki-laki	082191983470	068245	Makassar	RSGM	38	12/02/22	Impaksi gigi 38 kls II posisi A mesioangular
9	Ny. Amriani Hasan	33thn	Perempuan	082347340279	068515	Makassar	RSGM	38	13/02/22	Impaksi gigi 38 kls II posisi A Vertikal
10	Ny. Hamryana	23thn	Perempuan	082145012487	058949	Makassar	RSGM	38	13/02/2022	Impaksi gigi 38 kls II posisi A Vertikal
11	Nn. Dewi Sartika	31thn	Perempuan	081943652836	062936	Makassar	RSGM	48	20/02/11	Impaksi gigi 48 kls II posisi A mesioangular
12	Ny. Tryana	34thn	Perempuan	081355915863	062741	Makassar	RSGM	48	01/03/22	Impaksi gigi 48 kls II posisi A mesioangular
13	Tn. Muaamar Jumran	31thn	Laki-laki	082393110150	039696	Makassar	RSGM	38	05/03/22	Impaksi gigi 38 kls II posisi A Vertikal
14	Tn. Muhammad Jafar	40thn	Laki-laki	082191916746	068602	Makassar	RSGM	38	05/03/22	Impaksi gigi 38 kls II posisi A mesioangular
15	Ny. Nanie Kusumawardhani	40thn	Perempuan	081247656509	068775	Makassar	RSGM	48	06/04/2022	Impaksi gigi 48 kls I Vertikal
16	Nn. Asri Ainun syawal	25thn	Perempuan	0812455323434	068751	Makassar	RSGM	38	07/04/22	Impaksi gigi 38 kls I Vertikal
17	Nn. Eka Cahyani	21thn	Perempuan	087865732253	068986	Makassar	RSGM	38	12/04/22	Impaksi gigi 38 kls I posisi A mesioangular
18	Ny. Reniza Oktaviana	34thn	Perempuan	081340294850	068977	Makassar	RSGM	38	14/04/22	Impaksi gigi 38 kls II posisi A mesioangular
19	Tn. Rifky	31thn	Laki-laki	082193187476	068223	Makassar	RSGM	48	17/05/22	Impaksi gigi 48 kls II mesioangular

POD I						POD II						POD V					
VAS (Visual analog Scale)	Trismus	Udema			Status Jaringan. Periodontal	VAS (Visual analog Scale)	Trismus	Udema			Status Jaringan. Periodontal	VAS (Visual analog Scale)	Trismus	Udema			Status Jaringan. Periodontal
		Kantus. Lateral → Ramus	Tragus → Comisura	Tragus → Pgenion				Kantus. Lateral → Ramus	Tragus → Comisura	Tragus → Pgenion				Kantus. Lateral → Ramus	Tragus → Comisura	Tragus → Pgenion	
1	3,4cm	10,4cm	11cm	13cm	3(good)	0	4,0cm	10cm	11,5cm	12,5cm	3(good)	0	4,1cm	10cm	9,5cm	11,2cm	3(good)
0	3,7cm	13cm	14,1cm	15,5cm	2(poor)	0	3,8cm	13cm	14cm	15cm	3(good)	0	3,8cm	10cm	11,2cm	15,1cm	3(good)
2	3,2cm	10,1cm	11,1cm	15,1cm	3(good)	1	41,5cm	10cm	11cm	15cm	3(good)	0	4,2cm	9,5cm	10cm	14cm	3(good)
4	2,8cm	10,4cm	11,9cm	14,9cm	2(poor)	2	3,5cm	10,3cm	11,5cm	15cm	3(good)	1	3,2cm	10,2cm	11,1cm	15,2cm	3(good)
1	5cm	10,5cm	12cm	15,5cm	3(good)	0	5cm	11 cm	13 cm	15,5cm	3(good)	0	5,2cm	11,3cm	12,6cm	15cm	3(good)
2	4,1cm	10,1cm	11,4cm	14,4cm	3(good)	1	5cm	10cm	11,1cm	14cm	3(good)	1	5,3cm	10cm	11cm	13,5cm	4(verygood)
2	2,5cm	14,5cm	12,5cm	15,1cm	3(good)	2	3,4cm	13,1cm	11,1cm	14,2cm	3(good)	1	3,5cm	12,5cm	10cm	13,2cm	3(good)
0	3,1cm	12,5cm	11,5cm	15cm	3(good)	0	3,3cm	13cm	12cm	15cm	3(good)	0	3,5cm	12cm	13cm	15cm	3(good)
1	2,8cm	13cm	12cm	17cm	3(good)	1	3,6cm	12,1cm	11,6cm	16cm	3(good)	0	36,2cm	12,2cm	11,7cm	16cm	3(good)
0	4,5cm	11,8cm	14,5cm	14,5cm	3(good)	0	4,5cm	10,9cm	11,6cm	14,3cm	3(good)	0	4,5cm	10,5cm	11,5cm	13,2cm	3(good)
1	4,1cm	12,1cm	13,1cm	16,2cm	2(poor)	1	4,3cm	11,5cm	14,1cm	14cm	3(good)	0	4,5cm	11,2cm	11cm	13cm	3(good)
1	3,9cm	12,4cm	11,5cm	15,1cm	2(poor)	1	4,3cm	11,4cm	12,5cm	14,7cm	3(good)	0	4,5cm	10,6cm	11,3cm	13,2cm	3(good)
1	3,9cm	15cm	12cm	12,5cm	3(good)	0	4,1cm	10,6cm	11,7cm	14,5cm	3(good)	0	4,7cm	9,5cm	11,3cm	14cm	3(good)
0	3,7cm	12,5cm	13,8cm	16,5cm	2(poor)	0	3,7cm	11,9cm	13cm	15,8cm	2(poor)	0	3,7cm	11,1cm	12,2cm	13,1cm	3(good)
0	3,5cm	10,4cm	11,9cm	14,5cm	3(good)	0	3,7cm	10,4cm	11,9cm	14,5cm	3(good)	0	3,7cm	10,4cm	11,9cm	14,5cm	3(good)
0	3,5cm	12cm	11,5cm	15cm	3(good)	0	3,4cm	11,5cm	10,2cm	11,1cm	3(good)	0	3,5cm	11,2cm	9,1cm	10,5cm	3(good)
0	2cm	10,3cm	11,5cm	13,4cm	3(good)	0	2,5cm	10,2cm	9,5cm	10,1cm	3(good)	0	3,5cm	10,2cm	10,2cm	12,2cm	3(good)
0	3,5cm	12,5cm	10,5cm	13,2cm	3(good)	0	3,7cm	11,1cm	10,1cm	12,5cm	3(good)	0	3,7cm	10,1cm	9,8cm	11,5cm	4(verygood)
2	3,2cm	13,6cm	12,7cm	14,5cm	2(poor)	1	3,5cm	12,5cm	11,5cm	12,2cm	3(good)	0	3,7cm	11,7cm	10,8cm	12cm	3(good)

POD VII						BULAN I		BULAN III		BULAN VI		KETERANGAN
VAS (Visual analog Scale)	Trismus	Udema			Status Jaringan. Periodontal	Overall density Score	Trabecullar Pattern score	Overall density Score	Trabecullar Pattern score	Overall density Score	Trabecullar Pattern score	
		Kantus. Lateral → Ramus	Tragus → Comisura	Tragus → Pgenion								
0	4	10cm	9cm	11,2cm	4 (verygood)	0	0	1	1	2	2	
0	4,1cm	10,2cm	12,4cm	15,2cm	4(verygood)	0	0	1	1	2	2	
0	4,5cm	9cm	10cm	14cm	4(verygood)	0	0	1	1	2	2	
1	3,4cm	10,2cm	11,6cm	15,2cm	4(verygood)	0	0	1	1	2	2	
0	5,2cm	11,5cm	12,5cm	15cm	4(verygood)	0	0	1	1	2	2	
0	5,3cm	8,5cm	11,2cm	14,2cm	4(verygood)	0	0	1	1	2	2	
0	4,1cm	10,1cm	10,1cm	12,5cm	3(good)	0	0	1	1	2	2	
0	3,7cm	11,5cm	12,5cm	15cm	4(verygood)	0	0	1	1	2	2	
0	3,8cm	9,4cm	13cm	15,7cm	4(verygood)	0	0	1	1	2	2	
0	4,5cm	9,2cm	10,1cm	12,1cm	3(good)	0	0	1	1	2	2	
0	4,7cm	11,1cm	12cm	15cm	4(verygood)	0	0	1	1	2	2	LENGKAP
0	4,6 cm	10cm	11,1cm	12,1cm	3(good)	0	0	1	1	2	2	
0	4,6cm	9,3cm	11cm	15cm	4(verygood)	0	0	1	1	2	2	
0	3,7cm	10,5cm	12cm	14,8cm	3(good)	0	0	1	1	2	2	
0	3,5cm	9,8cm	11cm	13,8cm	4(verygood)	0	0	1	1	2	2	
0	3,6cm	10,2cm	9,5cm	10,1cm	3(good)	0	0	1	1	2	2	
0	3,5cm	9,5cm	10,5cm	9,5cm	3(good)	0	0	1	1	2	2	
0	3,7cm	9,1cm	9,8cm	10,5cm	4(verygood)	0	0	1	1	2	2	
0	3,8cm	10,7cm	10,2cm	12,1cm	3(good)	0	0	1	1	2	2	

6. Hasil Analisis Data

1. DESKRIPTIF

Umur diuji normalitas dengan shapiro-wilk (untuk besar sampel <50), didapatkan nilai $p = 0,024$: distribusi data tidak normal, maka dilaporkan dalam bentuk median (min-maks). Uji normalitas edema post operative menunjukkan nilai $p > 0.05$ maka distribusi data normal. Data kategorik dilaporkan dalam bentuk frekuensi-persentase.

Descriptives				
		Statistic	Std. Error	
UMUR	Mean	27.6842	.86179	
	95% Confidence Interval for Mean	Lower Bound	25.9381	
		Upper Bound	29.4304	
	5% Trimmed Mean	27.4006		
	Median	26.0000		
	Variance	28.222		
	Std. Deviation	5.31243		
	Minimum	20.00		
	Maximum	40.00		
	Range	20.00		
	Interquartile Range	7.50		
	Skewness	.663	.383	
	Kurtosis	-.369	.750	

INTERVENSI					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NON-PRF	19	50.0	50.0	50.0
	PRF	19	50.0	50.0	100.0
Total		38	100.0	100.0	

JENIS KELAMIN					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	PEREMPUAN	21	55.3	55.3	55.3
	LAKI-LAKI	17	44.7	44.7	100.0
Total		38	100.0	100.0	

Tests of Normality					
Shapiro-Wilk			Kolmogorov-Smirnov ^a		
Sig.	df	Statistic	Sig.	df	Statistic
.024	38	.933	.000	38	.167
.322	38	.967	.200*	38	.090
.784	38	.982	.200*	38	.096
.284	38	.976	.200*	38	.092

a. Lilliefors Significance Correction
*. This is a lower bound of the true significance.

UNSUR

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	38	21	55.3	55.3
	48	17	44.7	100.0
Total	38	100.0	100.0	

DIAGNOSIS					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Impaksi gigi 38 kls I Vertikal	1	2.6	2.6	2.6
	Impaksi gigi 38 kls. II posisi A Horizontal	6	15.8	15.8	18.4
	Impaksi gigi 38 kls II posisi A Vertikal	6	15.8	15.8	34.2
	Impaksi gigi 38 kls. II posisi A mesioangular	7	18.4	18.4	52.6
	Impaksi gigi 38 kls. II posisi B horizontal	1	2.6	2.6	55.3
	Impaksi gigi 48 kls I posisi A Horizontal	1	2.6	2.6	57.9
	Impaksi gigi 48 kls I posisi A mesioangular	1	2.6	2.6	60.5
	Impaksi gigi 48 kls I Vertikal	1	2.6	2.6	63.2
	Impaksi gigi 48 kls. II posisi A Horizontal	5	13.2	13.2	76.3
	Impaksi gigi 48 kls II posisi A Vertikal	2	5.3	5.3	81.6
	Impaksi gigi 48 kls II posisi A mesioangular	5	13.2	13.2	94.7
	Impaksi gigi 48 kls. II posisi B Horizontal	2	5.3	5.3	100.0
	Total	38	100.0	100.0	

2. VAS

Dilakukan uji chi-square untuk menilai perbedaan VAS antara PRF dan tanpa PRF. Dilakukan uji chi-square untuk menilai perbedaan VAS (kategorik) antara PRF dan tanpa PRF (kategorik), karena membandingkan proporsi variabel kategorik-kategorik. Lihat hasil signifikansi pada bagian chi square with continuity correction – asymp. Sig 2 sided. Jika $p \leq 0.05$ maka ada perbedaan signifikan, jika $p > 0.05$ maka tidak ada perbedaan signifikan. Pengujian dilakukan tiap waktu evaluasi.

INTERVENSI * VAS POD 1**Crosstab**

			VAS POD 1		Total
			RINGAN	SEDANG	
INTERVENSI	NON-PRF	Count	8	11	19
		% within INTERVENSI	42.1%	57.9%	100.0%
	PRF	Count	18	1	19
		% within INTERVENSI	94.7%	5.3%	100.0%
Total		Count	26	12	38
		% within INTERVENSI	68.4%	31.6%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	12.179 ^a	1	.000		
Continuity Correction ^b	9.865	1	.002		
Likelihood Ratio	13.699	1	.000		
Fisher's Exact Test				.001	.001
Linear-by-Linear Association	11.859	1	.001		
N of Valid Cases	38				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.00.

b. Computed only for a 2x2 table

INTERVENSI * VAS POD 2**Crosstab**

			VAS POD 2	Total
			RINGAN	
INTERVENSI	NON-PRF	Count	19	19
		% within INTERVENSI	100.0%	100.0%
	PRF	Count	19	19
		% within INTERVENSI	100.0%	100.0%
Total		Count	38	38
		% within INTERVENSI	100.0%	100.0%

Chi-Square Tests

	Value
Pearson Chi-Square	. ^a
N of Valid Cases	38

a. No statistics are computed because VAS POD 2 is a constant.

INTERVENSI * VAS POD 5**Crosstab**

			VAS POD 5	
			RINGAN	Total
INTERVENSI	NON-PRF	Count	19	19
		% within INTERVENSI	100.0%	100.0%
	PRF	Count	19	19
		% within INTERVENSI	100.0%	100.0%
Total		Count	38	38
		% within INTERVENSI	100.0%	100.0%

Chi-Square Tests

	Value
Pearson Chi-Square	. ^a
N of Valid Cases	38

a. No statistics are computed because VAS POD 5 is a constant

Dilakukan uji chi-square untuk menilai perbedaan trismus antara PRF dan tanpa PRF

INTERVENSI * VAS POD 7**Crosstab**

			VAS POD 7		Total
			TIDAK NYERI	RINGAN	
INTERVENSI	NON-PRF	Count	0	19	19
		% within INTERVENSI	0.0%	100.0%	100.0%
	PRF	Count	18	1	19
		% within INTERVENSI	94.7%	5.3%	100.0%
Total		Count	18	20	38
		% within INTERVENSI	47.4%	52.6%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	34.200 ^a	1	.000		
Continuity Correction ^b	30.506	1	.000		
Likelihood Ratio	44.739	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	33.300	1	.000		
N of Valid Cases	38				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 9.00.

b. Computed only for a 2x2 table

3. Trismus

Dilakukan uji chi-square untuk menilai perbedaan trismus antara PRF dan tanpa PRF Dilakukan uji chi-square untuk menilai perbedaan trismus (kategorik) antara PRF dan tanpa PRF (kategorik), karena membandingkan proporsi variabel kategorik-kategorik. Lihat hasil signifikansi pada bagian chi square with continuity correction – asymp. Sig 2 sided. Jika $p \leq 0.05$ maka ada perbedaan signifikan, jika $p > 0.05$ maka tidak ada perbedaan signifikan. Pengujian dilakukan tiap waktu evaluasi.

INTERVENSI * TRISMUS POD 1

Crosstab

			TRISMUS POD 1			Total
			>35 mm	26-35 mm	16-25 mm	
INTERVENSI	NON-PRF	Count	8	11	0	19
		% within INTERVENSI	42.1%	57.9%	0.0%	100.0%
	PRF	Count	7	10	2	19
		% within INTERVENSI	36.8%	52.6%	10.5%	100.0%
Total	Count	15	21	2	38	
	% within INTERVENSI	39.5%	55.3%	5.3%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.114 ^a	2	.347
Likelihood Ratio	2.887	2	.236
Linear-by-Linear Association	.698	1	.403
N of Valid Cases	38		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 1.00.

INTERVENSİ * TRISMUS POD 2**Crosstab**

			TRISMUS POD 2			Total
			>35 mm	26-35 mm	16-25 mm	
INTERVENSİ	NON-PRF	Count	8	11	0	19
		% within INTERVENSİ	42.1%	57.9%	0.0%	100.0%
	PRF	Count	13	5	1	19
		% within INTERVENSİ	68.4%	26.3%	5.3%	100.0%
Total		Count	21	16	1	38
		% within INTERVENSİ	55.3%	42.1%	2.6%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.440 ^a	2	.109
Likelihood Ratio	4.894	2	.087
Linear-by-Linear Association	1.358	1	.244
N of Valid Cases	38		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is .50.

INTERVENSİ * TRISMUS POD 5**Crosstab**

			TRISMUS POD 5		Total
			>35 mm	26-35 mm	
INTERVENSİ	NON-PRF	Count	13	6	19
		% within INTERVENSİ	68.4%	31.6%	100.0%
	PRF	Count	13	6	19
		% within INTERVENSİ	68.4%	31.6%	100.0%
Total		Count	26	12	38
		% within INTERVENSİ	68.4%	31.6%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.000 ^a	1	1.000		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.000	1	1.000		
Fisher's Exact Test				1.000	.636
Linear-by-Linear Association	.000	1	1.000		
N of Valid Cases	38				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.00.

b. Computed only for a 2x2 table

INTERVENSI * TRISMUS POD 7**Crosstab**

			TRISMUS POD 7		Total
			>35 mm	26-35 mm	
INTERVENSI	NON-PRF	Count	15	4	19
		% within INTERVENSI	78.9%	21.1%	100.0%
	PRF	Count	13	6	19
		% within INTERVENSI	68.4%	31.6%	100.0%
Total		Count	28	10	38
		% within INTERVENSI	73.7%	26.3%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.543 ^a	1	.461	.714	.357
Continuity Correction ^b	.136	1	.713		
Likelihood Ratio	.546	1	.460		
Fisher's Exact Test					
Linear-by-Linear Association	.529	1	.467		
N of Valid Cases	38				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.00.

b. Computed only for a 2x2 table

Karena ada expected count yang <5 , maka variabel trismus dikategorikan menjadi dikotom (trismus >35 & tidak trismus ≤ 35) agar bisa dilakukan chi square 2x2

INTERVENSI * TRISMUSPOD1KAT2**Crosstab**

			TRISMUSPOD1KAT2		Total
			>35	≤ 35	
INTERVENSI	NON-PRF	Count	8	11	19
		% within INTERVENSI	42.1%	57.9%	100.0%
	PRF	Count	7	12	19
		% within INTERVENSI	36.8%	63.2%	100.0%
Total		Count	15	23	38
		% within INTERVENSI	39.5%	60.5%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.110 ^a	1	.740	1.000	.500
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.110	1	.740		
Fisher's Exact Test					
Linear-by-Linear Association	.107	1	.743		
N of Valid Cases	38				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.50.

b. Computed only for a 2x2 table

INTERVENSI * TRISMUSPOD2KAT2

Crosstab

			TRISMUSPOD2KAT2		Total
			>35	<=35	
INTERVENSI	NON-PRF	Count	8	11	19
		% within INTERVENSI	42.1%	57.9%	100.0%
	PRF	Count	13	6	19
		% within INTERVENSI	68.4%	31.6%	100.0%
Total		Count	21	17	38
		% within INTERVENSI	55.3%	44.7%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2.661 ^a	1	.103		
Continuity Correction ^b	1.703	1	.192		
Likelihood Ratio	2.695	1	.101		
Fisher's Exact Test				.191	.096
Linear-by-Linear Association	2.591	1	.107		
N of Valid Cases	38				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8.50.

b. Computed only for a 2x2 table

INTERVENSI * TRISMUSPOD5KAT2

Crosstab

			TRISMUSPOD5KAT2		Total
			>35	<=35	
INTERVENSI	NON-PRF	Count	13	6	19
		% within INTERVENSI	68.4%	31.6%	100.0%
	PRF	Count	13	6	19
		% within INTERVENSI	68.4%	31.6%	100.0%
Total		Count	26	12	38
		% within INTERVENSI	68.4%	31.6%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.000 ^a	1	1.000		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.000	1	1.000		
Fisher's Exact Test				1.000	.636
Linear-by-Linear Association	.000	1	1.000		
N of Valid Cases	38				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.00.

b. Computed only for a 2x2 table

INTERVENSI * TRISMUSPOD7KAT2**Crosstab**

			TRISMUSPOD7KAT2		Total
			>35	<=35	
INTERVENSI	NON-PRF	Count	15	4	19
		% within INTERVENSI	78.9%	21.1%	100.0%
	PRF	Count	13	6	19
		% within INTERVENSI	68.4%	31.6%	100.0%
Total		Count	28	10	38
		% within INTERVENSI	73.7%	26.3%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.543 ^a	1	.461		
Continuity Correction ^b	.136	1	.713		
Likelihood Ratio	.546	1	.460		
Fisher's Exact Test				.714	.357
Linear-by-Linear Association	.529	1	.467		
N of Valid Cases	38				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.00.

b. Computed only for a 2x2 table

Karena ada expected count yang <5 , tidak memenuhi syarat uji chi square; maka variabel trismus dikategorikan menjadi dikotom (trismus >35 & tidak trismus ≤ 35) agar bisa dilakukan chi square ulang dengan variabel bebas yang terbagi menjadi 2 kategori dan variabel terikat yang terbagi menjadi 2 kategori, jadi chi square untuk tabel 2x2. Lihat hasil signifikansi pada bagian chi square with continuity correction – asymp. Sig 2 sided. Jika $p \leq 0.05$ maka ada perbedaan signifikan, jika $p > 0.05$ maka tidak ada perbedaan signifikan. Pengujian dilakukan tiap waktu evaluasi.

4. Jaringan periodontal

Dilakukan uji chi-square untuk menilai perbedaan jaringan periodontal antara PRF dan tanpa PRF Dilakukan uji chi-square untuk menilai perbedaan perbaikan Jaringan periodontal (kategorik) antara PRF dan tanpa PRF (kategorik), karena membandingkan proporsi variabel kategorik-kategorik. Lihat hasil signifikansi pada bagian chi square with continuity correction – asymp. Sig 2 sided. Jika $p \leq 0.05$ maka ada perbedaan signifikan, jika $p > 0.05$ maka tidak ada perbedaan signifikan. Pengujian dilakukan tiap waktu evaluasi.

INTERVENSI * STATUS JARINGAN PERIODONTAL POD 1**Crosstab**

			STATUS JARINGAN PERIODONTAL POD 1		Total
			POOR	GOOD	
INTERVENSI	NON-PRF	Count	15	4	19
		% within INTERVENSI	78.9%	21.1%	100.0%
	PRF	Count	6	13	19
		% within INTERVENSI	31.6%	68.4%	100.0%
Total		Count	21	17	38
		% within INTERVENSI	55.3%	44.7%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	8.622 ^a	1	.003		
Continuity Correction ^b	6.812	1	.009		
Likelihood Ratio	9.002	1	.003		
Fisher's Exact Test				.008	.004
Linear-by-Linear Association	8.395	1	.004		
N of Valid Cases	38				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8.50.

b. Computed only for a 2x2 table

INTERVENSI * STATUS JARINGAN PERIODONTAL POD 2**Crosstab**

			STATUS JARINGAN PERIODONTAL POD 2			Total
			POOR	GOOD	VERY GOOD	
INTERVENSI	NON-PRF	Count	6	12	1	19
		% within INTERVENSI	31.6%	63.2%	5.3%	100.0%
	PRF	Count	1	18	0	19
		% within INTERVENSI	5.3%	94.7%	0.0%	100.0%
Total		Count	7	30	1	38
		% within INTERVENSI	18.4%	78.9%	2.6%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.771 ^a	2	.056
Likelihood Ratio	6.557	2	.038
Linear-by-Linear Association	2.209	1	.137
N of Valid Cases	38		

a. 4 cells (66.7%) have expected count less than 5. The minimum expected count is .50.

INTERVENSI * STATUS JARINGAN PERIODONTAL POD 5**Crosstab**

			STATUS JARINGAN PERIODONTAL POD 5		Total
			GOOD	VERY GOOD	
INTERVENSI	NON-PRF	Count	19	0	19
		% within INTERVENSI	100.0%	0.0%	100.0%
	PRF	Count	17	2	19
		% within INTERVENSI	89.5%	10.5%	100.0%
Total		Count	36	2	38
		% within INTERVENSI	94.7%	5.3%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2.111 ^a	1	.146		
Continuity Correction ^b	.528	1	.468		
Likelihood Ratio	2.884	1	.089		
Fisher's Exact Test				.486	.243
Linear-by-Linear Association	2.056	1	.152		
N of Valid Cases	38				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.00.

b. Computed only for a 2x2 table

INTERVENSI * STATUS JARINGAN PERIODONTAL POD 7

Crosstab

			STATUS JARINGAN PERIODONTAL POD 7		Total
			GOOD	VERY GOOD	
INTERVENSI	NON-PRF	Count	16	3	19
		% within INTERVENSI	84.2%	15.8%	100.0%
	PRF	Count	7	12	19
		% within INTERVENSI	36.8%	63.2%	100.0%
Total		Count	23	15	38
		% within INTERVENSI	60.5%	39.5%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	8.922 ^a	1	.003		
Continuity Correction ^b	7.049	1	.008		
Likelihood Ratio	9.400	1	.002		
Fisher's Exact Test				.007	.003
Linear-by-Linear Association	8.687	1	.003		
N of Valid Cases	38				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.50.

b. Computed only for a 2x2 table

Karena ada expected count yang <5 , tidak memenuhi syarat uji chi square; maka variabel trismus dikategorikan menjadi dikotom (Proses penyembuhan buruk/ Landry dan Turnbull 1-2 dan Proses penyembuhan baik/ Landry dan Turnbull 3-5) agar bisa dilakukan chi square ulang dengan variabel bebas yang terbagi menjadi 2 kategori dan variabel terikat yang terbagi menjadi 2 kategori, jadi chi square untuk tabel 2x2. Lihat hasil signifikansi pada bagian chi square with continuity correction – asymp. Sig 2 sided. Jika $p \leq 0.05$ maka ada perbedaan signifikan, jika $p > 0.05$ maka tidak ada perbedaan signifikan. Pengujian dilakukan tiap waktu evaluasi.

INTERVENSI * SJPOD1KAT2b**Crosstab**

			SJPOD1KAT2b		Total
			1.00	2.00	
INTERVENSI	NON-PRF	Count	15	4	19
		% within INTERVENSI	78.9%	21.1%	100.0%
	PRF	Count	6	13	19
		% within INTERVENSI	31.6%	68.4%	100.0%
Total		Count	21	17	38
		% within INTERVENSI	55.3%	44.7%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	8.622 ^a	1	.003		
Continuity Correction ^b	6.812	1	.009		
Likelihood Ratio	9.002	1	.003		
Fisher's Exact Test				.008	.004
Linear-by-Linear Association	8.395	1	.004		
N of Valid Cases	38				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8.50.

b. Computed only for a 2x2 table

INTERVENSI * SJPOD2KAT2b**Crosstab**

			SJPOD2KAT2b		Total
			1.00	2.00	
INTERVENSI	NON-PRF	Count	6	13	19
		% within INTERVENSI	31.6%	68.4%	100.0%
	PRF	Count	1	18	19
		% within INTERVENSI	5.3%	94.7%	100.0%
Total		Count	7	31	38
		% within INTERVENSI	18.4%	81.6%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4.378 ^a	1	.036		
Continuity Correction ^b	2.802	1	.094		
Likelihood Ratio	4.772	1	.029		
Fisher's Exact Test				.090	.045
Linear-by-Linear Association	4.263	1	.039		
N of Valid Cases	38				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 3.50.

b. Computed only for a 2x2 table

^Karena expected counts ada yang <5, maka baca hasil signifikansi fisher exact test bukan pearson with continuity correction

INTERVENSI * SJPOD5KAT2b**Crosstab**

			SJPOD5KAT2 b	Total
			2.00	
INTERVENSI	NON-PRF	Count	19	19
		% within INTERVENSI	100.0%	100.0%
	PRF	Count	19	19
		% within INTERVENSI	100.0%	100.0%
Total	Count		38	38
	% within INTERVENSI		100.0%	100.0%

Chi-Square Tests

	Value
Pearson Chi-Square	. ^a
N of Valid Cases	38

a. No statistics are computed because SJPOD5KAT2b is a constant.

INTERVENSI * SJPOD7KAT2b**Crosstab**

			SJPOD7KAT2 b	Total
			2.00	
INTERVENSI	NON-PRF	Count	19	19
		% within INTERVENSI	100.0%	100.0%
	PRF	Count	19	19
		% within INTERVENSI	100.0%	100.0%
Total	Count		38	38
	% within INTERVENSI		100.0%	100.0%

Chi-Square Tests

	Value
Pearson Chi-Square	. ^a
N of Valid Cases	38

a. No statistics are computed because SJPOD7KAT2b is a constant.

5. Edema

Dilakukan uji T tidak berpasangan untuk menilai perbedaan edema antara PRF dan tanpa PRF (edema adalah variabel bebas numerik) Dilakukan uji T tidak berpasangan untuk menilai perbedaan edema antara PRF dan tanpa PRF. uji T dipilih karena variabel bebas adalah kategorik (PRF dan tanpa PRF) dan variabel terikat edema adalah variabel bebas numerik berbentuk angka. Uji T yang tipe tidak berpasangan karena subjek yang diuji antar kelompok intervensi dan kontrol adalah subjek yang berbeda, bukan orang yang sama.

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
EDEMA POD 1	Equal variances assumed	.343	.562	-.642	36	.525	-.65789	1.02515	-2.73700	1.42121
	Equal variances not assumed			-.642	35.032	.525	-.65789	1.02515	-2.73899	1.42320
EDEMA POD 2	Equal variances assumed	.026	.872	-.225	36	.824	-.21053	.93711	-2.11107	1.69002
	Equal variances not assumed			-.225	35.538	.824	-.21053	.93711	-2.11193	1.69088
EDEMA POD 5	Equal variances assumed	.246	.623	-.535	36	.596	-.56316	1.05322	-2.69919	1.57287
	Equal variances not assumed			-.535	35.918	.596	-.56316	1.05322	-2.69935	1.57304
EDEMA POD 7	Equal variances assumed	.289	.594	-.502	36	.619	-.50526	1.00744	-2.54845	1.53793
	Equal variances not assumed			-.502	35.691	.619	-.50526	1.00744	-2.54907	1.53854

6. Overall density score

Dilakukan uji chi-square untuk menilai perbedaan *overall density score* antara PRF dan tanpa PRF. Dilakukan uji chi-square untuk menilai perbedaan perbaikan *overall density score* (kategorik) antara PRF dan tanpa PRF (kategorik), karena membandingkan proporsi variabel kategorik-kategorik. Lihat hasil signifikansi pada bagian chi square with continuity correction – asymp. Sig 2 sided. Jika $p \leq 0.05$ maka ada perbedaan signifikan, jika $p > 0.05$ maka tidak ada perbedaan signifikan. Pengujian dilakukan tiap waktu evaluasi.

INTERVENSI * Overall density Score BULAN 1**Crosstab**

			Overall density Score BULAN 1	
			TIDAK ADA PENINGKATAN	Total
INTERVENSI	NON-PRF	Count	19	19
		% within INTERVENSI	100.0%	100.0%
	PRF	Count	19	19
		% within INTERVENSI	100.0%	100.0%
Total		Count	38	38
		% within INTERVENSI	100.0%	100.0%

Chi-Square Tests

	Value
Pearson Chi-Square	. ^a
N of Valid Cases	38

a. No statistics are computed because Overall density Score BULAN 1 is a constant

INTERVENSI * Overall density Score BULAN 3**Crosstab**

			Overall density Score BULAN 3		Total
			TIDAK ADA PENINGKATAN	PENINGKATAN MINIMAL	
INTERVENSI	NON-PRF	Count	19	0	19
		% within INTERVENSI	100.0%	0.0%	100.0%
	PRF	Count	0	19	19
		% within INTERVENSI	0.0%	100.0%	100.0%
Total		Count	19	19	38
		% within INTERVENSI	50.0%	50.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	38.000 ^a	1	.000		
Continuity Correction ^b	34.105	1	.000		
Likelihood Ratio	52.679	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	37.000	1	.000		
N of Valid Cases	38				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 9.50.

b. Computed only for a 2x2 table

INTERVENSI * Overall density Score BULAN 6**Crosstab**

			Overall density Score BULAN 6		Total
			PENINGKATAN MINIMAL		
INTERVENSI	NON-PRF	Count	19		19
		% within INTERVENSI	100.0%		100.0%
	PRF	Count	19		19
		% within INTERVENSI	100.0%		100.0%
Total		Count	38		38
		% within INTERVENSI	100.0%		100.0%

Chi-Square Tests

	Value
Pearson Chi-Square	. ^a
N of Valid Cases	38

a. No statistics are computed because Overall density Score BULAN 6 is a constant.

7. *trabecular pattern score*

Dilakukan uji chi-square untuk menilai perbedaan *trabecular pattern score* antara PRF dan tanpa PRF. Dilakukan uji chi-square untuk menilai perbedaan perbaikan *trabecular pattern score* (kategorik) antara PRF dan tanpa PRF (kategorik), karena membandingkan proporsi variabel kategorik-kategorik. Lihat hasil signifikansi pada bagian chi square with continuity correction – asymp. Sig 2 sided. Jika $p \leq 0.05$ maka ada perbedaan signifikan, jika $p > 0.05$ maka tidak ada perbedaan signifikan. Pengujian dilakukan tiap waktu evaluasi.

INTERVENSI * Trabecular Pattern score BULAN 1

Crosstab

			Trabecular Pattern score BULAN 1	
			TIDAK ADA	Total
INTERVENSI	NON-PRF	Count	19	19
		% within INTERVENSI	100.0%	100.0%
	PRF	Count	19	19
		% within INTERVENSI	100.0%	100.0%
Total		Count	38	38
		% within INTERVENSI	100.0%	100.0%

Chi-Square Tests

	Value
Pearson Chi-Square	. ^a
N of Valid Cases	38

a. No statistics are computed because Trabecular Pattern score BULAN 1 is a constant.

INTERVENSI * Trabecular Pattern score BULAN 3**Crosstab**

			Trabecular Pattern score BULAN 3	
			HALUS	Total
INTERVENSI	NON-PRF	Count	19	19
		% within INTERVENSI	100.0%	100.0%
	PRF	Count	19	19
		% within INTERVENSI	100.0%	100.0%
Total		Count	38	38
		% within INTERVENSI	100.0%	100.0%

Chi-Square Tests

	Value
Pearson Chi-Square	. ^a
N of Valid Cases	38

a. No statistics are computed because Trabecular Pattern score BULAN 3 is a constant

INTERVENSI * Trabecular Pattern score BULAN 6**Crosstab**

			Trabecular Pattern score BULAN 6		Total
			HALUS	KASAR-HALUS	
INTERVENSI	NON-PRF	Count	19	0	19
		% within INTERVENSI	100.0%	0.0%	100.0%
	PRF	Count	7	12	19
		% within INTERVENSI	36.8%	63.2%	100.0%
Total		Count	26	12	38
		% within INTERVENSI	68.4%	31.6%	100.0%

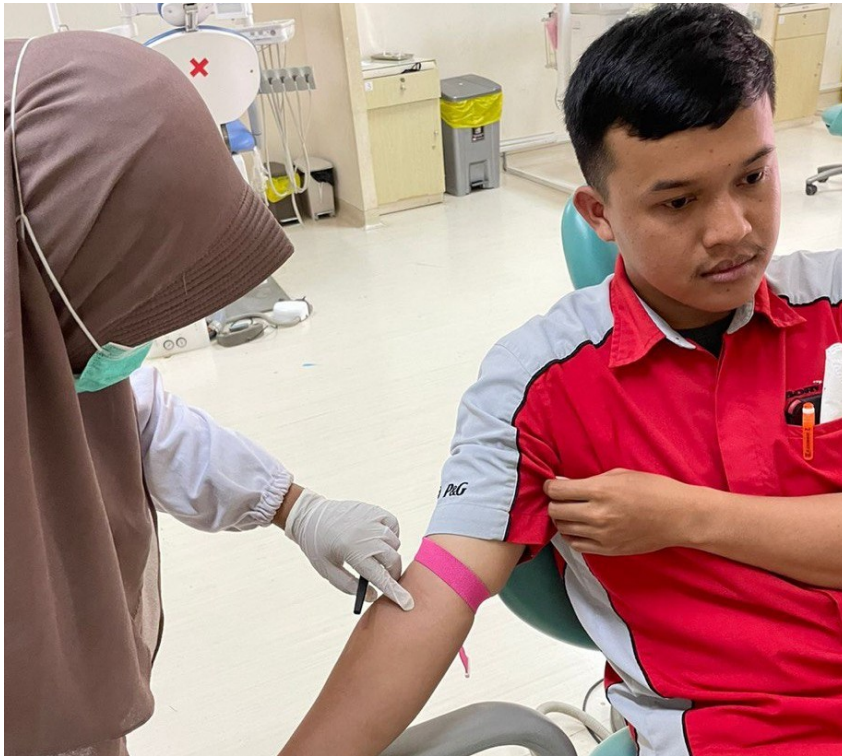
Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	17.538 ^a	1	.000		
Continuity Correction ^b	14.737	1	.000		
Likelihood Ratio	22.390	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	17.077	1	.000		
N of Valid Cases	38				

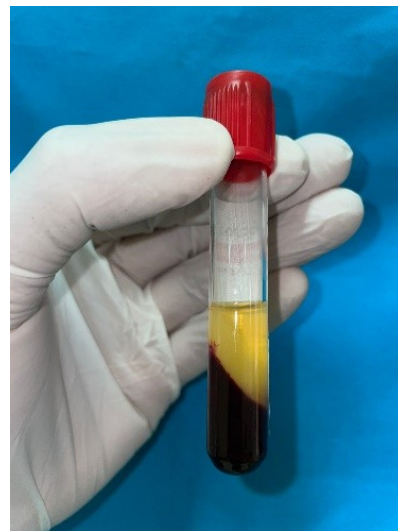
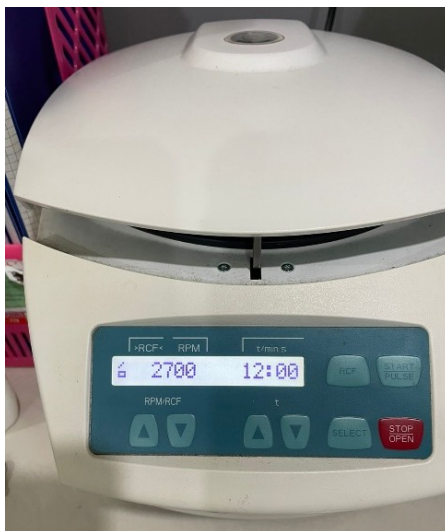
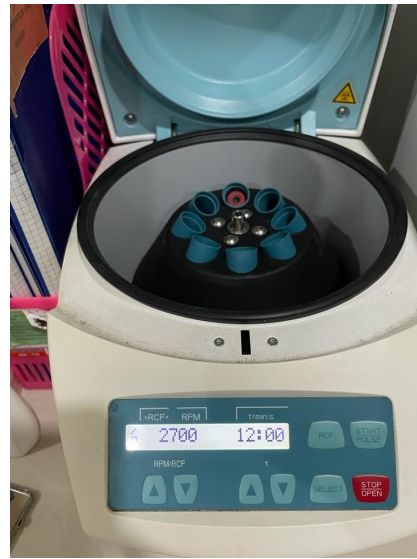
a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.00.

b. Computed only for a 2x2 table

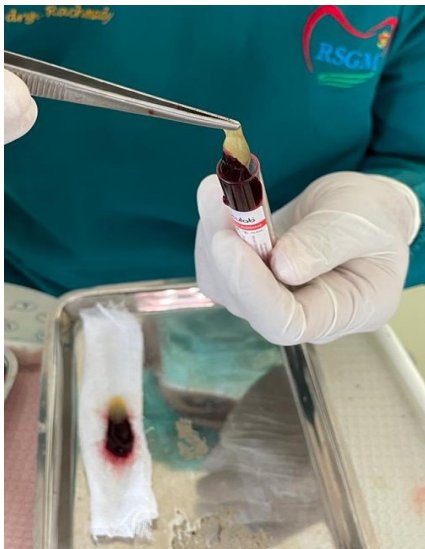
7. Pengambilan sampel darah dan sentrifugasi PRF



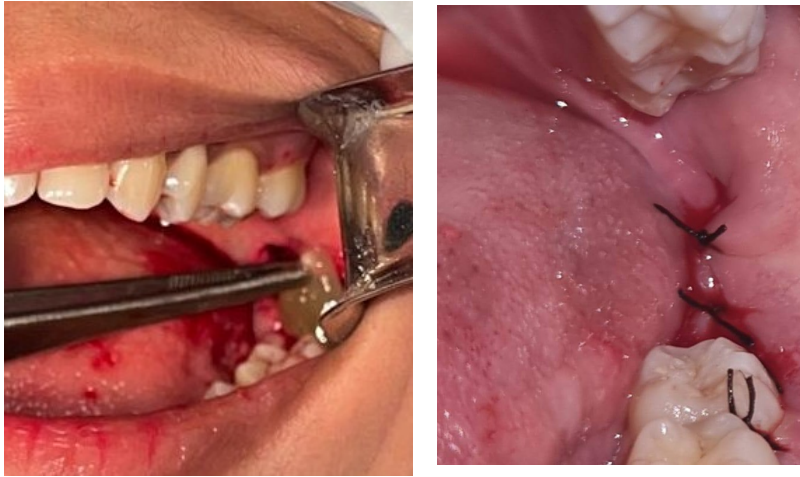
8. Proses sentrifugasi



9. Proses pemisahan scaffold PRF dan sel darah merah



10. Proses Aplikasi PRF pada socket Odontektomi



11. Pengukuran Udem, Bukaannya mulut dan Jaringan periodontal pada pemeriksaan klinis post odontektomi hari pertama, ke-3, 5 dan 7



12. Pengambilan modalitas ortopantomogram pada sampel penelitian

