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## RIWAYAT HIDUP

### A. Latar Belakang Keluarga

Nama : Diana Christine Lalenoh,dr.,SpAnKNA,KAO,MKes  
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Anak : E. Audrey C.H. Lalenoh  
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### B. Riwayat Pendidikan

- Sekolah Dasar (SD) Kr.Eben Haezar Manado, lulus tahun 1987.
- Sekolah Menengah Pertama (SMP) Negeri I Manado, lulus tahun 1990.
- Sekolah Menengah Atas (SMA) Negeri I Manado, lulus tahun 1993.
- Pendidikan Kedokteran Umum, FK Unsrat Manado, lulus tahun 1999.
- Magister Kesehatan, Pascasarjana FK UGM Yogyakarta, lulus tahun 2003.
- Pendidikan Dokter SpesialisAnestesiologi, FK UGM Yogyakarta, lulus tahun 2007.
- Pendidikan Konsultan Neuroanestesiologi, FK UNPAD Bandung, lulus tahun 2012.
- Konsultan Obstetri Anestesi, Komisi Pendidikan Anestesiologi dan Terapi Intensif, tahun 2012.

### C. Pendidikan / Pelatihan Tambahan di dalam dan luar Negeri

PENDIDIKAN/PELATIHAN	INSTITUSI	TEMPAT	TAHUN
1. Neuroanesthesiology and NeuroIntensive Care	Tan Tock Seng Hospital	Singapore	2011
2. Neuroanesthesia and Critical Care Course	Indonesian Neuroanesthesia & Critical Care Association	Semarang	2010
3. Training of Trainee (TOT) Program Pendidikan Dokter Spesialis di RS Pendidikan	DIKTI - FKUI	Bali	2009
4. Pelatihan Pengajaran dan Tutorial sistem Kedokteran berbasis Kompetensi	Departemen Pendidikan Nasional-FK-UNSRAT/UNHAS	Manado	2009
5. Applied Approach ( <i>Profession Teaching Methods</i> )	Departemen Pendidikan Nasional-UNSRAT	Manado	2009
6. PEKERTI (Pelatihan Ketrampilan Dasar Teknik Instruksional)	Departemen Pendidikan Nasional-UNSRAT	Manado	2009
7. Airway Management Course	Anesthesia & Reanimateur Assoc	Yogyakarta	2009
8. NonSurgical Tracheostomy (Refresher Course)	2 <sup>nd</sup> Annual National Scientific Meeting of Anesthesia & Coexist Disease	Bandung	2009
9. Induced Hypothermia in Critically Ill Patients	Continuing Educational Programme (CEP)-PERDICI	Jakarta	2009
10. Haemodynamic Monitoring Course & Workshop	International Critical Care Association-Symposium&Course	Bali	2008
11. Mechanical Ventilation Course & Workshop	International Critical Care Association-Symposium&Course	Bali	2008
12. Anesthesiology Refresher Course	Annual Refresher Course National Meeting-Anesthesia& Coexisting Disease	Bandung	2008
13. Fluid Therapy in Critically Ill Patients	CEP-PERDICI	Manado	2008

### D. Riwayat Pekerjaan

	<b>INSTANSI</b>	<b>TEMPAT</b>	<b>KEDUDUKAN</b>	<b>PERIODE</b>
1.	FK UNSRAT	Manado	Staf Dosen	2002- Sekarang
2.	RSU. Prof.Kandou	Manado	Staf Anestesiologi	2008- Sekarang
3.	RSU. Permata Bunda	Manado	Staf Anestesiologi	2008- Sekarang
4.	RSU. Pancaran Kasih	Manado	Staf Anestesiologi	2008-2013
5.	RSUD.Kolonodale	Kolonodale- Poso	Dokter Umum PTT	2000-2002
6.	RSU. Malalayang	Manado	Co-Assisten	1998-1999
7.	RS. PELNI Petamburan	Jakarta	Dokter Tidak Tetap	2002
7.	Majalah Jurnal Neuroanestesi Indonesia	Bandung	Assisten Editor	2012- sekarang

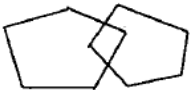
### E. Presentasi Ilmiah

- Penanganan Bantuan Ventilasi pada Pasien Emergensi (Pertemuan Kursus Penyegaran Bedah, Juli 2009, Manado)
- Bantuan Ventilasi pada Kegawatdaruratan. Simposium Kegawatdaruratan Medis dan P2KB (pembicara), 28 Januari 2010, Manado.
- The New Guideline for CPR 2010 : what has changed? (pembicara pada PIB Anestesi, Oktober 2011)
- Workshop Instructor in CPR 2010 Course (PIB Anestesi, Manado, Oktober 2011)
- Anesthesia Management for Intracranial Haemorrhage (Poster presentation, INA-SNACC April 2011, Bandung)
- Anesthesia Management in Spinal Dural Arteriovenous Malformation Surgery (Poster Presentation, COEXISTING DISEASE symposium, Bandung, 2012)
- Anesthesia Management in Infratentorial Tumor Surgery (Poster Presentation, COEXISTING DISEASE symposium, Bandung 2012)
- Anesthesia Management in Severe Preeclampsia with Impending Eclampsia (Poster Presentation, SOAC Yogyakarta, November 16, 2012)
- Anesthesia Management in Cesarean Section with Major Arrhythmia and Morbid Obese (Poster Presentation, SOAC Yogyakarta, November 16, 2012).
- Anesthesia for Supratentorial Tumor. Workshop Instructor in Neuroanesthesiology and Critical Care, ASNACC, Bali, February 2013.
- Anesthesia for Severe Traumatic Brain Injury in Limited Situation. Poster Presentation. International Symposium of Neuroanesthesiology and Critical Care (ASNACC), Bali, February 2003.
- Anesthesia Management in Craniotomy for Craniosynostosis. Poster Presentation. International Symposium of Neuroanesthesiology and Critical Care (ASNACC), Bali, February 2003.

## F.Karya Ilmiah

JUDUL PENELITIAN	KEDUDUKAN DLM PENELITIAN
1. Perbandingan lama kesembuhan penderita TB Paru dengan DM dan TB Paru tanpa DM (Penelitian S1)	Peneliti (1997)
2. Perbandingan Kebutuhan Penambahan Fentanyl pada Blok Kaudal dengan Bupivakain 0,25% dan Bupivakain 0,5% (Penelitian S2)	Peneliti (2003/2007)
3. Profil Nyeri Tenggorok Pasca Operasi	Pembimbing/Rekan Peneliti (2010)
4. Profil Hemodinamik pada Operasi Bedah Sesar dengan Anestesi Spinal	Pembimbing/Rekan Peneliti (2011)
5. Perbandingan Skor Bromage Menit ke 120 dan 240 pada Operasi Bedah Sesar dengan Anestesi Spinal	Pembimbing/Rekan Peneliti (2012)
6. Perbandingan Skor Aldrete pasca Bedah Abdomen dengan Anestetika Isofluran dibanding Sevoflurane	Pembimbing/Rekan Peneliti (2012)
7. Perbandingan Skor Ramsay pasca Bedah Abdomen dengan Anestetika Isofluran dibanding Sevoflurane	Pembimbing/ Rekan Peneliti (2012)
8. Mula Kerja Pelumpuh Otot Rokuronium	Pembimbing/ Rekan Peneliti (2012)
9. Mula Kerja Pelumpuh Otot Atrakurium	Pembimbing/ Rekan Peneliti (2012)
10. Penulis Bab Farmakologi Anestesi pada Wanita Hamil. Dalam Bisri T,Wahjoeni S, Suryono B (Eds). Buku Obstetri Anestesi	Penulis (2012) BAB
11. Penulis Bab Mendelson Syndrome. Dalam Bisri T,Wahjoeni S, Suryono B (Eds). Buku Obstetri Anestesi	Penulis (2012) BAB
12. Penulis Bab Seksio Sesarea pada Cedera Otak Traumatik. Dalam Bisri T,Wahjoeni S, Suryono B (Eds). Buku Obstetri Anestesi	Penulis (2012) BAB
13. Anesthesia Management In Cerebral Haemorrhage: Case Report. Jurnal Neuroanestesi Indonesia Anesthesia Management In Severe Brain Injury : A Case Report. Jurnal Neuroanestesi Indonesia	Penulis (2012) Utama
14.	Penulis (2012) Utama

### Mini Mental State Examination

Orientasi		Nilai
1. Sekarang ini :	- Tahun berapa? - Bulan apa? - Tanggal berapa? - Hari apa? - Bulan apa?	1 1 1 1 1
2. Saat ini :	- Kita di negara mana? - Kita di provinsi mana? - Kita di kota mana? - Kita di RS mana? - Kita di lantai berapa?	1 1 1 1 1
<b>Registrasi</b>		3
3.	Sebut nama tiga benda, dengan selang waktu masing-masing 1 (satu) detik, kemudian penderita diminta menyebut ketiga nama benda tadi. Tiap jawaban yang benar diberi nilai 1	
<b>Perhatian dan berhitung</b>		5
4.	Kelipatan tujuh, beri satu nilai untuk jawaban yang benar Hentikan setelah lima jawaban	
5.	Menyebut kembali (recall) Penderita diminta menyebut nama tiga benda pada pertanyaan nomor 3	3
<b>Bahasa</b>		2
6.	Tunjukkan sebuah pensil dan arloji. Penderita diminta menyebut nama kedua benda tadi	1
7.	Penderita diminta mengulang kata "anu", "tetapi"	3
8.	Penderita diminta untuk mengikuti perintah tiga langkah kaki, letakkan kertas itu ditangan kananmu, lipat kertas tadi menjadi setengahnya, kemudian letakkan di lantai	1
9.	Penderita diminta membaca tulisan berikut dan kemudian memahaminya: TUTUPLAH MATA ANDA	1
10.	Penderita diminta menulis kalimat yang dipikirlanya sendiri. Kalimat harus berisi subyek dan obyek agar mempunyai arti. Abaikan bila ada kesalahan	1
11.	Penderita diminta menggambar kembali dua segilima berikut. Apabila semua sisi dan sudut serta sisi segi empat tergambar, beri nilai	1
		
TOTAL		30

Tabel 1. Kappa for Single Rating With 95% CI and Test of Null Population Value (Shrout & Fleiss Model 3).

KAPPA	Lower Bound	Upper Bound	F-Stat	DF1	DFE	p-Value
0,97541	0,93901	0,99019	80,321	20	20	0,00001

Tabel 2. Kappa for Mean of Ratings with 95% Confidence Interval (Shrout & Fleiss Model 3).

KAPPA	Lower Bound	Upper Bound
0,98755	0,96855	0,99507

### PEMBAHASAN

Deteksi dini gangguan fungsi kognitif pada penderita stroke iskemik akut sangat penting karena berhubungan dengan penugangan dan prog-

nosisnya. Untuk pemeriksaan tersebut perlu suatu alat yang valid dan reliabel. MMSE telah dipakai secara luas dan telah diteliti reliabilitasnya dengan hasil yang bervariasi. Pada penelitian ini kesepakatan antar pengamat yang dicapai sangat baik, yaitu Kappa 0,98 dengan tingkat kemaknaan hasil penelitian yang juga sangat tinggi yaitu  $p < 0,00001$ .

Tatemichi *et al.*, (1997), mendapatkan hasil uji KAPPA dari MMSE sebesar 0,96. Pongvarrin (1995), memodifikasi MMSE sesuai dengan pendidikan dan sosial tradisi masyarakat Thailand menjadi *Thai Mental State Examination* (TMSE) dan jumlah nilai TMSE sama dengan MMSE yaitu sebesar 0,96.

Terdapat dua sumber utama variabilitas terhadap pengamatan, yaitu variasi respon yang diberikan penderita baik yang diakibatkan oleh kondisi yang berfluktuatif atau diperiksa dengan cara yang berbeda dan variasi interpretasi terhadap respon yang sama oleh pengamat yang berbeda. Pada

**EFEK PROTEKSI OTAK LIDOKAIN DIUKUR DARI KADAR INTERLEUKIN-6 DAN FOSFOLIPASE  
PADA PASIEN CEDERA KEPALASEDANG**

Dr.DIANA LALENOH      P0200309036

LEMBAR KERJA KLPK I

1. Sebelum mulai induksi, semua pasien diberi oksigenasi dengan nasal kanul 3 liter/menit 1 jam sebelum dimulai induksi.
2. Dilakukan Pemeriksaan kognitif dengan *Mini Mental state Evaluation* (MMSE) dilakukan saat pertama kali pasien dibawa ke kamar operasi (belum diberi perlakuan)
3. Induksi dengan Fentanyl 2 µg/kg berat badan dan Propofol 2 mg/kg berat badan. Fasilitas intubasi dengan rocuronium 0,9 mg/kg berat badan.
4. Pasien dibagi 2 kelompok
5. Berikan bolus lidokain 1 mg/kg BB lalu pasien diintubasi
6. Ambil sampel darah perifer 5 cc untuk pemeriksaan IL-6 dan fosfolipase A2 setelah pasien selesai diintubasi
7. Setelah terintubasi dilanjutkan dengan infus NaCl 0,9% 1 mg/kg BB/jam (menggunakan *syringe pump*). Infus NaCl 0,9% diteruskan selama 2 jam sambil prosedur pembedahan tetap berjalan.
8. Pemeliharaan anestesi dengan inhalan Isofluran dan Propofol titrasi (*syringe pump*) 1–2 mg/kg berat badan/jam (dengan catatan bila tidak tersedia cukup *syringe pump*, maka Propofol akan diberikan intermitten 0,05 mg/kgBB/20 menit pada semua sampel). Anestetika inhalasi (Isofluran) dibuka dengan dial tidak lebih dari 1,5 MAC (2 volume %). Pelumpuh otot diberikan setiap 20 menit dengan bolus rocuronium 10 mg intravena.
9. 1 jam setelah infus NaCl 0,9% dihentikan, ambil sampel darah perifer 5 cc untuk pemeriksaan IL-6 dan fosfolipase A2
10. Sambil operasi berlangsung dilakukan pemantauan tekanan darah sistol, diastol, tekanan rerata arteri (MAP), laju napas, SpO<sub>2</sub>, dan kadar gula darah serta temperatur via membran tympani
11. Setelah selesai operasi, pasien diberi bolus Lidokain 1 mg/kgBB, tiga menit kemudian diekstubasi
12. Sesaat sebelum intubasi dilakukan pemeriksaan kognitif MMSE
13. 24 jam setelah selesai ekstubasi dilakukan pemeriksaan kognitif MMSE

**EFEK PROTEKSI OTAK LIDOKAIN DIUKUR DARI KADAR INTERLEUKIN-6 DAN FOSFOLIPASE  
PADA PASIEN CEDERA KEPALASEDANG**

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LEMBAR KERJA KLPK II

1. Sebelum mulai induksi, semua pasien diberi oksigenasi dengan nasal kanul 3 liter/menit 1 jam sebelum dimulai induksi.
2. Dilakukan Pemeriksaan kognitif dengan *Mini Mental state Evaluation* (MMSE) dilakukan saat pertama kali pasien dibawa ke kamar operasi (belum diberi perlakuan)
3. Induksi dengan Fentanyl 2 µg/kg berat badan dan Propofol 2 mg/kg berat badan. Fasilitas intubasi dengan rocuronium 0,9 mg/kg berat badan.
4. Pasien dibagi 2 kelompok
5. Berikan bolus lidokain 1 mg/kg BB lalu pasien diintubasi
6. Ambil sampel darah perifer 5 cc untuk pemeriksaan IL-6 dan fosfolipase A2 setelah pasien selesai diintubasi
7. Setelah terintubasi dilanjutkan dengan infus Lidokain 1 mg/kg BB/jam (menggunakan *syringe pump*). Infus Lidokain diteruskan selama 2 jam sambil prosedur pembedahan tetap berjalan.
8. Pemeliharaan anestesi dengan inhalan Isofluran dan Propofol titrasi (*syringe pump*) 1–2 mg/kg berat badan/jam (dengan catatan bila tidak tersedia cukup *syringe pump*, maka Propofol akan diberikan intermitten 0,05 mg/kgBB/20 menit pada semua sampel). Anestetika inhalasi (Isofluran) dibuka dengan dial tidak lebih dari 1,5 MAC (2 volume %). Pelumpuh otot diberikan setiap 20 menit dengan bolus rocuronium 10 mg intravena.
9. 1 jam setelah infus Lidokain dihentikan, ambil sampel darah perifer 5 cc untuk pemeriksaan IL-6 dan fosfolipase A2
10. Sambil operasi berlangsung dilakukan pemantauan tekanan darah sistol, diastol, tekanan rerata arteri (MAP), laju napas, SpO<sub>2</sub>, dan kadar gula darah serta temperatur via membran tympani
11. Setelah selesai operasi, pasien diberi bolus Lidokain 1 mg/kgBB, tiga menit kemudian diekstubasi
12. Sesat sebelum intubasi dilakukan pemeriksaan kognitif MMSE
13. 24 jam setelah selesai ekstubasi dilakukan pemeriksaan kognitif MMSE