

BAB 6

KESIMPULAN DAN SARAN

6.1. Kesimpulan

Pada penelitian ini didapatkan sampel sebanyak enam orang laki-laki dan enam orang perempuan yang rata-rata berusia 55 tahun. Diketahui rata-rata semuanya telah mengalami *diabetes mellitus* selama sembilan tahun. Frekuensi terapi oksigen hiperbarik yang diikuti oleh sampel adalah rata-rata sebanyak delapan sesi. Profil *BUN* sebelum terapi memiliki rata-rata sebesar 15,79 mg/dL sedangkan profil *BUN* sesudah terapi memiliki rata-rata sebesar 18,66 mg/dL. Untuk profil kreatinin serum sebelum terapi didapatkan rata-rata sebesar 0,99 mg/dL dan profil kreatinin serum sesudah terapi rata-rata sebesar 0,91 mg/dL. Profil sebelum maupun sesudah terapi tersebut masih berada pada batas nilai normal yang disarankan oleh Porth yaitu dalam rentang 8,0-20,0 mg/dL untuk *BUN* dan 0,6-1,2 mg/dL untuk kreatinin serum (12). Pada penelitian ini dilakukan uji t berpasangan terhadap profil *BUN* sebelum dan sesudah terapi yang menghasilkan nilai p sebesar 0,409. Sedangkan uji t berpasangan untuk profil kreatinin serum sebelum dan sesudah terapi menghasilkan nilai p sebesar 0,303. Keduanya memiliki nilai $p > 0,05$ yang dapat diartikan tidak bermakna secara statistik. Berdasarkan penilaian dari profil *BUN* dan profil kreatinin serum tersebut dapat disimpulkan bahwa terapi oksigen hiperbarik tidak mempengaruhi fungsi ginjal.

6.2. Saran

Untuk penelitian selanjutnya dapat dilakukan pemilihan sampel yang lebih spesifik yaitu pasien luka diabetik dengan indikasi nefropati diabetik seperti adanya proteinuria atau juga dapat digunakan indikator fungsi ginjal yang lebih spesifik seperti cystatin C dan inulin. Hal tersebut diharapkan dapat memberikan gambaran fungsi ginjal yang lebih signifikan. Jika masih menggunakan profil *blood urea nitrogen (BUN)* dan profil kreatinin serum sebagai indikator fungsi ginjal perlu diperhatikan lebih lanjut mengenai kondisi perancu seperti masalah asupan protein, perdarahan saluran cerna, dehidrasi, dan massa otot dari sampel. Bagi para pemegang kebijakan di bidang kesehatan yang terkait dapat dipertimbangkan mengenai bantuan pembiayaan terapi oksigen hiperbarik terhadap pasien yang kurang mampu secara keuangan. Dan yang terpenting adalah terus dilakukannya penelitian di bidang terapi oksigen hiperbarik secara berkelanjutan demi menggali seluruh potensi yang ada.

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