

## BAB 7

### KESIMPULAN

#### 7.1 Kesimpulan

Berdasarkan hasil penelitian yang telah dilakukan, dapat diambil kesimpulan sebagai berikut :

1. Rata-rata kenaikan jumlah trombosit dalam *Platelet Rich Plasma* yang menggunakan tabung natrium sitrat adalah 337593.75/ $\mu$ L dan standar deviasi-nya adalah 158795.437
2. Rata-rata kenaikan jumlah trombosit dalam *Platelet Rich Plasma* yang menggunakan tabung ACD-A adalah 909062.50/ $\mu$ L dan standar deviasi-nya adalah 284336.005
3. Hasil jumlah trombosit dalam PRP dengan tabung yang memiliki antikoagulan *Acid Citrate Dextrose Formula A* (ACD-A) (mean 909062,50) lebih banyak daripada hasil jumlah trombosit dalam PRP dengan tabung yang memiliki antikoagulan natrium sitrat (mean 337593,75).
4. Perbedaan jumlah trombosit dalam *Platelet Rich Plasma* yang menggunakan tabung natrium sitrat dan tabung ACD-A dinyatakan signifikan atau bermakna karena telah

diuji dengan menggunakan uji analisis *Paired T-Test* dan memberikan hasil *Sig(2-Tailed) = 0,000* ( $p < 0,05$ ).

## **7.2 Saran**

Berdasarkan hasil penelitian yang telah dilakukan maka dapat disarankan sebagai berikut :

1. Platelet Rich Plasma (PRP) merupakan metode pengobatan baru yang harus dikembangkan dan perlu diperkenalkan kepada masyarakat, dikarenakan PRP sebenarnya memiliki banyak manfaat dan peran untuk membantu kesehatan manusia.
2. Perlu dilakukan penelitian lebih lanjut bukan hanya terbatas faktor antikoagulan, tetapi semua faktor yang berperan dalam proses yang menghasilkan jumlah trombosit dalam PRP yang maksimal seperti sentrifugasi dan kecepatannya.
3. Walaupun penelitian sudah menunjukkan perbedaan hasil trombosit berdasarkan karakteristik individu (jenis kelamin dan usia), tetapi sebaiknya dilanjutkan penelitian lebih lanjut untuk mengetahui apakah perbedaan itu signifikan atau tidak.

4. Perlu juga dilakukan penelitian tentang pengaruh waktu pembuatan PRP sejak pengambilan darah sampai pembaca nilai pada hematology analyser.
5. Penelitian ini hanya mengukur jumlah platelet sebagai satu-satunya indikator terbentuknya PRP, oleh karena itu mungkin dapat digunakan pengukuran indikator-indikator lain seperti TGF, VEGF, EGF, atau PDGF untuk mengukur viabilitas platelet dalam menjalankan fungsinya pada penelitian selanjutnya.

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