

## **BAB 6**

### **SIMPULAN DAN SARAN**

#### **1.1 Simpulan**

Tidak ada perbedaan yang signifikan antara eGFR pada pasien dengan luka kaki diabetik sebelum dan sesudah dilakukan terapi OHB (oksigen 100 %, dengan tekanan 2,4 ATA selama 2 jam). Sehingga terapi OHB tidak berbahaya terhadap fungsi ginjal, dalam hal ini diwakili oleh parameter eGFR pada penderita luka kaki diabetik.

#### **1.2 Saran**

##### **1. Bagi Pelayanan Kesehatan**

Mensosialisasikan terapi OHB pada penderita DM terutama pada penderita dengan luka kaki diabetik agar lebih mudah dipahami, sehingga pasien lebih bersemangat dalam menjalankan terapi OHB secara rutin dan berkesinambungan.

##### **2. Bagi Penelitian Selanjutnya**

- Penambahan kelompok kontrol yang tidak mendapatkan terapi OHB
- Jumlah sampel dalam subjek penelitian lebih banyak agar didapatkan hasil yang signifikan
- Perlu penelitian lebih lanjut mengenai pengaruh terapi OHB terhadap eGFR secara berkesinambungan pada hari pertama sampai hari terakhir pemberian terapi OHB
- Durasi dan frekuensi terapi OHB terhadap eGFR

- Perlu memperhatikan hal-hal yang berkaitan dengan faktor-faktor yang dapat mempengaruhi kreatinin dan fungsi ginjal
- Kriteria inklusi lebih spesifik sehingga hasil yang didapatkan lebih fokus dan terarah, seperti pembatasan usia (< 50 tahun), dan jenis kelamin agar variabel menjadi homogen

### 3. Bagi Masyarakat

Bagi masyarakat diharapkan dapat meningkatkan perilaku perawatan luka kaki diabetik secara tepat dengan melakukan terapi OHB, tanpa melakukan perawatan dengan cara-cara yang kurang tepat seperti dengan menyiramkan bensin, dan lain-lain.

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