

DAFTAR PUSTAKA

1. WHO. Visual impairment and blindness: Fact Sheet No 282. 2013 [cited 2013 16 November]. Available from: <http://www.who.int/mediacentre/factsheets/fs282/en/index.html>.
2. Komisi Penanggulangan Gangguan Penglihatan dan Kebutaan (PGPK). [cited 2013 16 November]. Available from: http://pgpk.sisfo.net/index.php?option=com_content&task=view&id=1&Itemid=1
3. Rahayu NK. *Evaluasi Tajam Penglihatan Pasca Operasi Katarak Masal Dharmais-Perdami Jawa Tengah*. Semarang: Universitas Diponegoro, 2004.
4. Kusuma PD. *Perbedaan Tajam Penglihatan Pasca operasi Katarak Senilis dengan Operator Dokter Spesialis Mata dan Calon Dokter Spesialis Mata dengan Pendampingan Dokter Spesialis Mata di RSUP Dr. Kariadi Semarang Periode 1 Januari 2007-31 Desember 2007*. Semarang: Universitas Diponegoro, 2008.
5. Köberlein J, Beifus K, Schaffert C, Finger RP. The Economic Burden of Visual Impairment and Blindness: A Systematic Review. *BMJ Open*. 2013; 3.
6. Soehardjo. *Kebutaan Katarak: Faktor-Faktor Risiko, Penanganan Klinis, dan Pengendalian*. Pidato Pengukuhan Jabatan Guru Besar. Yogyakarta: Universitas Gadjah Mada, 2004.
7. WHO. Priority Eye Disease: Cataract. 2013 [cited 2013 16 November]. Available from: <http://www.who.int/blindness/causes/priority/en/index1.html>
8. Tana L, Rifati L, Kristanto AY. Determinan Kejadian Katarak di Indonesia: Riset Kesehatan Dasar 2007. *Buletin Penelitian Kesehatan*. 2009; 37: 114-25.
9. Arimbi AT. *Faktor-Faktor yang Berhubungan dengan Katarak Degeneratif di RSUD Budhi Asih Tahun 2011*. Jakarta: Universitas Indonesia, 2012.
10. Christanty L. *Perbedaan Visual Outcome Pascaoperasi Katarak dengan Pemasangan Intraocular Lens Antara Penderita Katarak Senilis Tanpa*

Diabetes Mellitus dengan Diabetes Mellitus Nonretinopati. Semarang: Universitas Diponegoro, 2008.

11. Javadi MA and Ghanavati SZ. Cataracts in Diabetic patients: A review article. *Journal of Ophthalmic and Vision Research*. 2008; 3: 52-65.
12. Dowler JGF, Hykin PG, Lightman SL and Hamilton AM. Visual Acuity Following Extracapsular Cataract Extraction in Diabetes: Meta-Analysis. *Eye*. 1995; 9: 313-7.
13. Pollreis A and Schmidt-Erfurth U. Diabetic Cataract: Pathogenesis, Epidemiology and Treatment. *Journal of Ophthalmology*. 2010.
14. Lindfield R, Vishwanath K, Ngounou F and Khanna RC. The Challenges in Improving Outcome of Cataract Surgery in Low and Middle Income Countries. *Indian J Ophthalmol*. 2012; 60: 464–9.
15. Khanna RC, Kaza S, Palamaner G, Shantha S and Sangwan. VS. Comparative Outcomes of Manual Small Incision Cataract Surgery and Phacoemulsification Performed by Ophthalmology Trainees in A Tertiary Eye Care Hospital in India: A Retrospective Cohort Design. *BMJ Open*. 2012; 2.
16. Minassian DC, Rosen P, Dart JKG, Reidy A, Desai P and Sidhu M. Extracapsular Cataract Extraction Compared with Small Incision Surgery by Phacoemulsification: A Randomised Trial. *Br J Ophthalmol*. 2001; 85: 822–9.
17. AntCliff RJ, Poulson A and Flanagan DW. Phacoemulsification in Diabetics. *Eye*. 1996; 10: 737-41.
18. Zaczek A, Olivestedt G and Zetterstrom C. Visual Outcome After Phacoemulsification and IOL Implantation in Diabetic Patients. *Br J Ophthalmol*. 1999; 83: 1036-41.
19. Vaughan and Asbury. *Vaughan & Asbury's General Ophthalmology*. 17 ed. Lange Medical Books, 2008.
20. Ilyas S. *Kelainan Refraksi dan Kacamata*. Jakarta: Balai Penerbit FKUI, 2006.
21. Pararajasegaram R. Importance of Monitoring Cataract surgical Outcomes. *Community Eye Health*. 2002; 15: 49-50.
22. Rachmandita R. *Visus Terbaik Pasca Operasi Katarak pada Penderita*

- Katarak Senilis di RSUP Dr. Kariadi Semarang (2003)*. Semarang: Universitas Diponegoro, 2003.
23. Association TEMD. *Basic and Clinical Science Course: Lens and Cataract*. American Academy of Ophthalmology, 2013.
 24. Davison JA and Jr. LTC. Clinical application of the Lens Opacities Classification System III in the performance of phacoemulsification. *J Cataract Refract Surg*. 2003; 29: 138-45.
 25. Bencic G, Zoric-Geber M, Saric D, Corak M and Mandic Z. Clinical Importance of The Lens Opacities Classification System III (LOCS III) in Phacoemulsification. *Coll Antropol*. 2005; 29: 91-4.
 26. American Academy of Ophthalmology Cataract and Anterior Segment Panel. Preferred Practice Pattern Guidelines. Cataract in the Adult Eye. San Francisco, CA: American Academy of Ophthalmology; 2011. Available at: www.aao.org/ppp
 27. Quintana JM, Escobar A and Aróstegui I. Development of Appropriateness Explicit Criteria for Cataract Extraction by Phacoemulsification. *BMC Health Services Research* 2006; 6.
 28. WHO and IDF. *Definition and Diagnosis of Diabetes Mellitus and Intermediate Hyperglycaemia*. Report of WHO/IDF Consultation. Switzerland: WHO Document Production Services, 2006.
 29. Association AD. Diagnosis and Classification of Diabetes Mellitus. *Diabetes Care*. 2012; 35.
 30. Hashemi Hassan, Zandvakil Narges, Rahimi Firoozeh, Beheshtnejad Amir Houshang, and Kheirkhah Ahmad. Clinical Comparison of Conventional Coaxial Phacoemulsification and Coaxial Microincision Phacoemulsification. *Iranian Journal of Ophthalmology*. 2010; 22(4): 13-24.
 31. Boughton B. Phacoemulsification and ECCE: Comparing The Cost and Benefits. *Eyenet*. 2009, p. 43-7.
 32. Sastroasmoro S and Ismael S. *Dasar-Dasar Metodologi Penelitian Klinis*. 4 ed. Jakarta: Sagung Seto, 2012.
 33. Yang Sam S, Al Everett. Cataract Surgical Considerations in Diabetics.



Cataract & Refractive Surgery Today. 2005, p.59-62.

34. Wang Kai-Yun, Cheng Cheng-Kuo. Central retinal thickness and visual outcomes following uncomplicated small-incision phacoemulsification cataract surgery in diabetic without retinopathy patients and nondiabetic patients. *Taiwan Journal of Ophthalmology*. 2014; 4: 33-39.
35. Mozaffarieh Maneli, Heinzl Harald, Sacu Stefan, Wedrich Andreas. Clinical outcomes of phacoemulsification cataract surgery in diabetes patients: visual function (VF-14), visual acuity and patient satisfaction. *Acta Ophthalmol. Scand*. 2005; 83: 176-183.
36. Fong Calvin Sze-un et al. Visual outcome 12 months after phacoemulsification cataract surgery in patients with diabetes. *Acta Ophthalmol*. 2012; 90: 173-178.
37. Lundqvist Britta, Monestam Eva. Longitudinal changes in subjective and objective visual function in diabetics 5 years after cataract surgery. *Acta Ophthalmol*. 2012; 90: 215-220.
38. Flesner Per et al. Cataract surgery on diabetic patients: A prospective evaluation of risk factors and complications. *Acta Ophthalmol. Scand*. 2002; 80: 19-24.
39. Jesus L. Borillo et al. Retinopathy progression and visual outcomes after phacoemulsification in patients with diabetes mellitus. *Tr. Am. Ophth. Soc*. 1999; 97: 435-445.
40. Liu Y, Luo L, He M, Liu X. Disorders of the blood-aqueous barrier after phacoemulsification in diabetic patients. *Eye*. 2004; 18: 900-904.
41. Robert A. Mitra et al. Retinopathy progression and visual outcomes after phacoemulsification in patients with diabetes mellitus. *Arch Ophthalmol*. 2000; 118:912-917.
42. Liao Shuh-Bin, Ku Wan-Chen. Progression of diabetic retinopathy after phacoemulsification in diabetic patients: a three year analysis. *Chang Gung Med J*. 2003; 26 (11): 829-832.
43. Henricsson Marianne, Heijl Anders, Janzon Lars. Diabetic retinopathy before and after cataract surgery. *Br J Ophthalmol*. 1996; 80: 789-793.

44. Paolo Antonio S. Silva, et al. Diabetic retinopathy progression following phacoemulsification: a metaanalysis. *Philipp J Ophthalmol.* 2005; 30(2): 62-66.
45. Squirrell D et al. A prospective, case controlled study of the natural history of diabetic retinopathy and maculopathy after uncomplicated phacoemulsification cataract surgery in patients with type 2 diabetes. *Br J Ophthalmol.* 2002; 86: 565-571.
46. Suto Chikako, Hori Sadao. Is glycemic control necessary during cataract surgery in diabetics patients? *Retina Today.* 2006, p.15-18.
47. Dagago-Jack Samuel, Alberti K. George M.M. Management of diabetes mellitus in surgical patients. *Diabetes Spectrum.* 2002; 15(1): 44-48.
48. Matt Young (ed). Preventing IOP spikes after cataract surgery. 2007 [cited 2014 3 Juli]. Available from: www.eyeworld.org/article.php?sid=4122
49. Jr Leonid Skorin, Keith Jordan F. Management of elevated intraocular pressure following cataract surgery. *Clinical & Refractive Optometry.* 2007; 18(10): 288-291.
50. Chen Elsie, Mahroo Omar A R, Spalton David J. Complication of cataract surgery. *Clinical and Experimental Optometry.* 2010; 93(6): 379-389.
51. T Wagner, D Knaflic, M Rauber, U Mester. Influence of cataract surgery on the diabetic eye: a prospective study. *Ger J Ophthalmol.* 1996; 5(2): 79-83.

LAMPIRAN

Lampiran 1. *Ethical Clearence*

	<p>KOMISI ETIK PENELITIAN KESEHATAN (KEPK) FAKULTAS KEDOKTERAN UNIVERSITAS DIPONEGORO DAN RSUP dr KARIADI SEMARANG Sekretariat : Kantor Dekanat FK Undip Lt.3 Jl. Dr. Soetomo 18. Semarang 50231 Telp/Fax. 024-8318350</p>	
---	---	---

ETHICAL CLEARANCE
No. 118 /EC/FK-RSDK/2014

Komisi Etik Penelitian Kesehatan Fakultas Kedokteran Universitas Diponegoro/ RSUP Dr. Kariadi Semarang, setelah membaca dan menelaah Usulan Penelitian dengan judul :

**PERBEDAAN TAJAM PENGLIHATAN PASCAOPERASI FAKOEMULSIFIKASI
PADA PASIEN KATARAK SENILIS DENGAN DIABETES MELLITUS
DAN TANPA DIABETES MELLITUS**

Peneliti Utama : Nungki Rusydiana Pumaningrum

Pembimbing : dr. A. Kentar Arimadyo S, Sp.M, M.Si.Med

Penelitian : Dilaksanakan di Instalasi Rekam Medik RSUP dr. Kariadi Semarang


Setuju untuk dilaksanakan, dengan memperhatikan prinsip-prinsip yang dinyatakan dalam Deklarasi Helsinki 1975, yang diamended di Seoul 2008 dan Pedoman Nasional Etik Penelitian Kesehatan (PNEPK) Departemen Kesehatan RI 2011

Peneliti harus melampirkan 2 kopi lembar Informed consent yang telah disetujui dan ditandatangani oleh peserta penelitian pada laporan penelitian.
Peneliti diwajibkan menyerahkan :

- Laporan kemajuan penelitian (clinical Trial)
- Laporan kejadian efek samping jika ada
- Laporan ke KEPK jika penelitian sudah selesai & dilampiri Abstrak Penelitian.


Semarang, 04 APR 2014

Komisi Etik Penelitian Kesehatan :
Fakultas Kedokteran Undip-RSUP Dr. Kariadi
Sekretaris,




Dr. dr. Selamat Budjirno, M.Si.Med, Sp.B, Sp.B(K), Onk
NIP. 197108072 008121 001

Lampiran 2. Surat Ijin Penelitian



KEMENTERIAN KESEHATAN RI
DIREKTORAT JENDERAL BINA UPAYA KESEHATAN
RUMAH SAKIT UMUM PUSAT DOKTER KARIADI
 Jalan Dr. Sutomo No. 16 Semarang, PO BOX 1104
 Telepon : (024) 8413993, 8413476, 8413764 Fax : (024) 8318617
 Website : <http://www.rskariadi.com> email : rsdk@indosat.net.id ; rsdk@rskariadi.com



RSUP Dr. KARIADI
 Sehat Menaja Sehat

SURAT IZIN
MELAKSANAKAN PENELITIAN

DL.00.02 / I.II / 1189 / 2014

Yang bertanda tangan di bawah ini :

Nama : Dr. Agus Suryanto, Sp.PD-KP, MARS
 N I P : 19610818 198812 1001
 Jabatan : Direktur SDM dan Pendidikan RSUP Dr. Kariadi


Memberikan ijin melakukan penelitian untuk :

Nama peneliti : Nungki Rusydiana Purnaningrum
 Institusi peneliti : Universitas Diponegoro (Fakultas Kedokteran)
 Judul penelitian : Perbedaan Tajam Penglihatan Pascaoperasi Fakoemulsifikasi Pada Pasien Katarak Senilis Dengan Diabetes Mellitus dan Tanpa Diabetes Melitus.
 Pembimbing : dr. A. Kentar Arimadyo Sulakso, SpM, MSi.Med
 DPJP : -
 Lokasi penelitian : Instalasi Rekam Medis

untuk melaksanakan kegiatan penelitian selama ±2 bulan.

Peneliti wajib melakukan :

1. Informed Consent dilampirkan pada rekam medis responden
2. Laporan monitoring evaluasi penelitian secara periodik
3. Laporan selesai penelitian dengan menyerahkan monitoring evaluasi penelitian
4. Menyerahkan laporan hasil akhir penelitian (1 berkas)

Semarang, 13 MAY 2014
 An. Direktur Utama
 Direktur SDM dan Pendidikan

 Dr. Agus Suryanto, Sp.PD-KP, MARS
 NIP. 19610818 198812 1 001

16 Mei - 16 Juli

Lampiran 3. Tabel Konversi Tajam Penglihatan

Snellen		Decimal	LogMAR
1/300		0.003	2.48
0.5/60		0.008	2.08
1/60		0.016	1.78
1.5/60		0.025	1.6
2/60		0.033	1.48
3/60	20/400	0.05	1.3
4/60		0.067	1.18
5/60		0.083	1.08
5/50	20/200	0.1	1
	20/150	0.13	0.87
6/40		0.15	0.82
6/30	20/100	0.2	0.7
	20/90	0.22	0.65
5/20	20/80	0.25	0.6
	20/70	0.285	0.54
6/20		0.3	0.52
	20/60	0.33	0.48
6/15	20/50	0.4	0.4
5/10	20/40	0.5	0.3
6/10		0.6	0.22
	20/30	0.67	0.18
6/8.5		0.7	0.15
6/7.5	20/25	0.8	0.1
5/6		0.83	0.08
6/6.6		0.9	0.04
6/6	20/20	1	0

Lampiran 4. Data Sampel

No	Usia (thn)	Jenis Kelamin	Status DM	Lama DM	GDS pre-op	Visus Pre- op		Visus Post-op		Perbedaan Visus	Kondisi Pre-op	Komplikasi Intra-op	Komplikasi Post-op
						Log MAR	Snellen	Log MAR	Snellen				
1	70	L	DM		148	,52	6/20	,00	6/6	,52	NPDR mild		
2	68	P	DM		109	2,48	1/300	,15	6/8.5	2,33			
3	74	P	DM		144	,70	20/100	,70	20/100	,00			
4	55	P	DM		291	1,30	20/400	,10	20/25	1,20		Kapsulotomi robek	NPDR
5	79	P	DM	10 th	154	1,78	4/60	1,18	4/60	,60			PDR
6	65	L	DM	1 th	125	1,30	3/60	2,48	1/300	-1,18			Glaucoma
7	69	L	DM	17 th	200	1,60	1/60	1,78	1/60	-,18			NPDR moderate CSME
8	67	P	DM	10 th	129	,52	6/20	,30	20/40	,22			NPDR moderate
9	52	L	DM	5 th	173	2,48	1/300	,40	20/50	2,08			NPDR mild
10	54	L	DM		200	2,48	1/300	,00	6/6	2,48			NPDR mild
11	75	P	DM	5 th	137	1,00	20/200	,00	6/6	1,00			
12	69	P	DM		99	,54	20/70	,10	20/70	,44			
13	55	L	DM	10 th	139	,48	20/60	,10	20/25	,38			
14	62	L	DM	2 th	173	2,48	1/300	,04	6/6.6	2,44			NPDR mild
15	52	L	DM		123	,10	20/25	,30	20/40	-,20			
16	64	P	DM		113	,15	6/8.5	,00	6/6	,15			
17	62	P	DM		80	,60	20/80	,30	20/40	,30			
18	61	P	DM		214	1,30	20/400	,22	6/10	1,08			
19	49	P	DM		140	1,78	1/60	,08	5/6	1,70			

20	63	P	DM		151	1,18	4/60	,00	6/6	1,18			
21	63	P	DM		113	1,78	1/60	,40	20/50	1,38	NPDR mild		
22	54	P	DM		190	1,48	2/60	,30	20/40	1,18			
23	75	P	DM		180	1,48	2/60	1,78	1/60	-,30			Glaucoma
24	58	P	DM		160	1,78	1/60	,00	6/6	1,78			
25	72	P	DM		232	1,18	4/60	,30	20/40	,88			
26	70	L	DM		128	,40	20/50	,18	20/30	,22			
27	59	P	DM	7 th	230	,40	20/50	,00	6/6	,40	NPDR mild		
28	64	L	DM	6 th	142	,54	20/70	,30	6/20	,24	NPDR mild		
29	78	P	DM		140	1,48	2/60	,40	20/50	1,08			
30	84	P	DM		120	1,78	1/60	1,00	20/200	,78		Pupil sulit melebar, ruptur kapsul posterior, prolaps vitreus	Glaucoma
31	49	P	DM	12 th	109	,15	6/8.5	1,48	2/60	-1,33		Nukleus drop	Afakia
32	72	L	DM	1 th	109	1,30	3/60	,15	6/8.5	1,15			
33	58	P	DM		156	2,08	0.5/60	,00	6/6	2,08	NPDR mild		PCO
34	50	L	DM	3 th	142	1,78	1/60	,00	6/6	1,78	NPDR moderat e	Ruptur kapsul posterior	
35	56	L	DM		138	1,30	3/60	,00	6/6	1,30			
36	73	P	DM		125	2,48	1/300	,00	6/6	2,48			

37	67	L	DM		416	1,30	20/400	2,48	1/300	-1,18			Glaukoma
38	40	P	DM		330	1,78	1/60	,18	20/30	1,60			NPDR CSME
39	77	P	DM		106	1,78	1/60	,70	20/100	1,08			
40	59	P	DM		193	1,78	1/60	,30	20/40	1,48			
41	66	P	Non DM	-	0	,40	20/50	,00	6/6	,40			
42	63	P	Non DM	-	0	,48	20/60	,00	6/6	,48			
43	58	L	Non DM	-	0	,87	20/150	,00	6/6	,87			
44	74	L	Non DM	-	0	,40	20/50	,00	6/6	,40			
45	65	P	Non DM	-	0	1,78	1/60	,00	6/6	1,78			
46	69	P	Non DM	-	0	,30	20/40	,00	6/6	,30			
47	61	P	Non DM	-	0	,82	6/40	,00	6/6	,82			
48	72	P	Non DM	-	0	2,08	0.5/60	,04	6/6.6	2,04			
49	63	P	Non DM	-	0	,15	6/8.5	,10	20/25	,05			
50	80	P	Non DM	-	0	2,48	1/300	,10	20/25	2,38			
51	57	P	Non DM	-	0	,22	6/10	,15	6/8.5	,07			
52	74	L	Non DM	-	0	,48	20/60	,15	6/8.5	,33			
53	55	L	Non DM	-	0	1,08	5/60	,00	6/6	1,08			

54	64	P	Non DM	-	0	1,78	1/60	,00	6/6	1,78			Vitreous Hemorrhage grade III, PCO minimal
55	51	P	Non DM	-	0	1,00	20/200	,08	5/6	,92			
56	67	P	Non DM	-	0	,70	20/100	,30	20/40	,40			
57	58	P	Non DM	-	0	,70	20/100	,40	20/50	,30			PCO
58	63	P	Non DM	-	0	,60	20/80	,40	20/50	,20			
59	65	P	Non DM	-	0	1,78	1/60	,00	6/6	1,78			
60	67	P	Non DM	-	0	,40	20/50	,00	6/6	,40			
61	73	P	Non DM	-	0	1,30	3/60	,00	6/6	1,30			
62	50	P	Non DM	-	0	2,48	1/300	,08	5/6	2,40			Konjungtivitis bakterial
63	54	L	Non DM	-	0	1,00	20/200	,08	5/6	,92			
64	50	P	Non DM	-	0	,48	20/60	,00	6/6	,48			
65	80	L	Non DM	-	0	,82	6/40	,52	6/20	,30			
66	52	P	Non DM	-	0	1,78	1/60	,00	6/6	1,78			
67	59	L	Non DM	-	0	,87	20/150	,18	20/30	,69			PCO
68	65	P	Non DM	-	0	2,48	1/300	,30	20/40	2,18			
69	64	L	Non DM	-	0	2,48	1/300	,22	6/10	2,26			

70	67	L	Non DM	-	0	2,48	1/300	,10	20/25	2,38			
71	66	L	Non DM	-	0	,60	5/20	,18	20/30	,42			
72	73	L	Non DM	-	0	,48	20/60	,10	20/25	,38			
73	57	P	Non DM	-	0	1,78	1/60	,00	6/6	1,78			
74	67	P	Non DM	-	0	,70	6/30	,10	20/25	,60			
75	68	P	Non DM	-	0	1,30	20/400	,00	6/6	1,30			
76	75	P	Non DM	-	0	,30	20/40	,30	20/40	,00			
77	50	L	Non DM	-	0	,30	20/40	,00	6/6	,30			
78	63	P	Non DM	-	0	,52	6/20	,10	20/25	,42			
79	81	P	Non DM	-	0	,40	20/50	,15	6/8.5	,25			
80	59	P	Non DM	-	0	,60	20/80	,30	20/40	,30			

Lampiran 5. Hasil Analisis

Frequency Table

kelUsia					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	40-50	7	8,8	8,8	8,8
	51-60	21	26,3	26,3	35,0
	61-70	33	41,3	41,3	76,3
	71-80	17	21,3	21,3	97,5
	81-90	2	2,5	2,5	100,0
	Total	80	100,0	100,0	

Jenis kelamin pasien					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	L	26	32,5	32,5	32,5
	P	54	67,5	67,5	100,0
	Total	80	100,0	100,0	

Mata pasien yang dioperasi					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kanan	42	52,5	52,5	52,5
	kiri	38	47,5	47,5	100,0
	Total	80	100,0	100,0	

rangeGD3					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		40	50,0	50,0	50,0
	<180 mg/dl	30	37,5	37,5	87,5
	180-200 mg/dl	4	5,0	5,0	92,5
	>200 mg/dl	6	7,5	7,5	100,0
	Total	80	100,0	100,0	

Explore kodeStatus

Descriptives				
	kodeStatus		Statistic	
Usia pasien saat menjalani operasi fakoemulsifikasi	DM	Mean	63,58	
		95% Confidence Interval for Mean	Lower Bound	60,43
			Upper Bound	66,72
		5% Trimmed Mean	63,64	
		Median	63,50	
		Variance	96,610	
		Std. Deviation	9,829	
		Minimum	40	
		Maximum	84	
		Range	44	
		Interquartile Range	16	
		Skewness	-,117	
		Kurtosis	-,429	
		Non DM	Mean	64,13
	95% Confidence Interval for Mean		Lower Bound	61,44
			Upper Bound	66,81
	5% Trimmed Mean		64,00	
	Median		64,50	
	Variance		70,522	
	Std. Deviation		8,398	
	Minimum		50	
	Maximum		81	
Range	31			
Interquartile Range	11			
Skewness	,110			
Kurtosis	-,503			
Tajam penglihatan koreksi pasien sebelum operasi (dalam LogMar)	DM		Mean	1,3200
		95% Confidence Interval for Mean	Lower Bound	1,0937
			Upper Bound	1,5463
		5% Trimmed Mean	1,3219	
		Median	1,3000	
		Variance	,501	
		Std. Deviation	,70771	
		Minimum	,10	
		Maximum	2,48	
		Range	2,38	
		Interquartile Range	1,23	

		Skewness	- ,049	
		Kurtosis	- ,899	
	Non DM	Mean	1,0413	
		95% Confidence Interval for Mean	Lower Bound	,8028
			Upper Bound	1,2797
		5% Trimmed Mean	1,0089	
		Median	,7600	
		Variance	,556	
		Std. Deviation	,74559	
		Minimum	,15	
		Maximum	2,48	
		Range	2,33	
		Interquartile Range	1,30	
		Skewness	,864	
		Kurtosis	- ,595	
Tajam penglihatan koreksi pasc operasi (dalam LogMar)	DM	Mean	,4545	
		95% Confidence Interval for Mean	Lower Bound	,2418
			Upper Bound	,6672
		5% Trimmed Mean	,3672	
		Median	,2000	
		Variance	,442	
		Std. Deviation	,66494	
		Minimum	,00	
		Maximum	2,48	
		Range	2,48	
		Interquartile Range	,40	
		Skewness	1,974	
		Kurtosis	3,168	
	Non DM	Mean	,1108	
		95% Confidence Interval for Mean	Lower Bound	,0673
			Upper Bound	,1542
		5% Trimmed Mean	,0975	
		Median	,0800	
		Variance	,018	
		Std. Deviation	,13599	
		Minimum	,00	
		Maximum	,52	
		Range	,52	
		Interquartile Range	,17	
		Skewness	1,316	
Kurtosis	1,123			
Perbedaan visus preoperasi dan postoperasi	DM	Mean	,8655	
		95% Confidence Interval for Lower Bound	,5520	

		Mean	Upper Bound	1,1790	
		5% Trimmed Mean			,8936
		Median			1,0400
					,961
		Variance			
		Std. Deviation			,98038
		Minimum			-1,33
		Maximum			2,48
		Range			3,81
		Interquartile Range			1,35
		Skewness			-,338
		Kurtosis			-,160
		Non DM	Mean		
	95% Confidence Interval for		Lower Bound	,6844	
	Mean		Upper Bound	1,1766	
	5% Trimmed Mean			,8997	
	Median			,5400	
	Variance			,592	
	Std. Deviation			,76946	
	Minimum			,00	
	Maximum			2,40	
	Range			2,40	
	Interquartile Range			1,47	
Skewness			,743		
Kurtosis			-,927		

Tests of Normality						
	kodeStatus	Kolmogorov-Smirnov ^a			Shapiro-Wilk	
		Statistic	df	Sig.	Statistic	df
Tajam penglihatan koreksi pasca operasi (dalam LogMar)	DM	,308	40	,000	,691	40
	Non DM	,217	40	,000	,803	40

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Crosstabs

kodeStatus * KodePre Crosstabulation					
Count					
		KodePre			Total
		1	2	3	
kodeStatus	DM	6	7	27	40
	Non DM	13	13	14	40
Total		19	20	41	80

kodeStatus * KodePost Crosstabulation					
Count					
		KodePost			Total
		1	2	3	
kodeStatus	DM	31	3	6	40
	Non DM	39	1	0	40
Total		70	4	6	80

Mann-Whitney Test

Ranks				
	kodeStatus	N	Mean Rank	Sum of Ranks
Tajam penglihatan koreksi pasca operasi (dalam LogMar)	DM	40	47,33	1893,00
	Non DM	40	33,68	1347,00
	Total	80		

Test Statistics ^a	
	Tajam penglihatan koreksi pasca operasi (dalam LogMar)
Mann-Whitney U	527,000
Wilcoxon W	1347,000
Z	-2,692
Asymp. Sig. (2-tailed)	,007

a. Grouping Variable: kodeStatus

Lampiran 6. Dokumentasi Penelitian



Lampiran 7. Biodata

Identitas

Nama : Nungki Rusydiana Purnaningrum
NIM : 22010110130160
Tempat/ tanggal lahir : Semarang, 8 Oktober 1992
Jenis kelamin : Perempuan
Alamat : Jalan Raya Ngaliyan nomor 21, Tambakaji, Ngaliyan,
Semarang
Nomor telepon : (024) 7601011
Nomor HP : 085640346457
E-mail : nungki08rusydiana@yahoo.com

Riwayat Pendidikan Formal

1. SD : SD Tambakaji 04 Semarang Lulus tahun: 2004
2. SMP : SMP N 1 Semarang Lulus tahun: 2007
3. SMA : SMA N 3 Semarang Lulus tahun: 2010
4. S1 : Fakultas Kedokteran UNDIP Masuk tahun: 2010

Keanggotaan Organisasi

1. Sekertaris Bidang Pengabdian Masyarakat BEM KU Tahun 2011
2. Ketua Bidang Pengabdian Masyarakat HIMA KU Tahun 2012
3. Koordinator Departemen Public Service HIMA KU Tahun 2013