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|  | [Judul Artikel: Tinjauan Naratif] |

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| TINJAUAN NARATIF | |
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DOI : XXX.XXX.XXXXX

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| **Abstrak** |  |

**Ringkasan:**

[Struktur bebas, tidak wajib tetapi sebaiknya memuat: (1). Latar belakang topik yang ditinjau, permasalahan utama yang dibahas, serta urgensi atau relevansi dilakukan tinjauan naratif. (2). Jelaskan secara jelas tujuan dari narrative review ini. (3) Ringkasan pencarian literatur secara singkat (database, kata kunci dan rentang tahun) jika memungkinkan. (4) Inti hasil dari sintesis kritis atau gambaran apa topik yang akan dibahas. (5) Pesan kepada pembaca.]

Kata kunci: [katakunci1, katakunci2, katakunci3, katakunci 4, …]

**[Title of the article: end with study’s design]**

|  |  |
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| **Abstract** |  |

**Summary:**

[Free structure, not mandatory but should ideally include: (1) The background of the topic under review, the main issue discussed, and the urgency or relevance of conducting a narrative review. (2) Clearly state the objective(s) of this narrative review. (3) A brief summary of the literature search (database, keywords, and time range), if applicable. (4) The main points or essence of the critical synthesis, or an overview of what topics will be discussed. (5) The key message(s) for the reader.]

Keywords: [keyword1, keyword2, keyword3, keyword 4, …]

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| **Pendahuluan (Subjudul bagian ini dapat diubah sesuai keinginan penulis sebagai pengantar ke isi tinjauan naratif )** |  |

[Bagian ini sebaiknya singkat. Selalu ditulis dalam bentuk naratif, bukan dalam bentuk poin atau penomoran

Mulailah dengan gambaran umum mengenai topik yang lebih luas atau isu klinis yang menjadi latar pentingnya tinjauan ini. Sertakan data epidemiologi yang relevan, tren global atau lokal, atau pengamatan klinis untuk menekankan signifikansi dari isu tersebut. Jelaskan mengapa topik ini dianggap penting saat ini, kurang diteliti, kontroversial, atau memiliki relevansi klinis yang tinggi.

Fokuskan bahasan dengan mengidentifikasi permasalahan utama, kesenjangan pengetahuan, atau inkonsistensi dalam literatur saat ini. Soroti kurangnya konsensus, praktik yang terus berkembang, atau area yang masih memiliki bukti ilmiah yang terbatas atau tersebar di berbagai disiplin ilmu.

Jika memungkinkan penulis perlu memberikan penjelasan singkat tentang dari mana sumber literatur diperoleh. Sebutkan database yang digunakan, seperti PubMed, Google Scholar, ScienceDirect, ProQuest, atau sumber lain yang relevan dengan topik. Cantumkan kata kunci utama yang digunakan untuk mencari artikel dan juga rentang waktu pencarian literatur jika relevan. Penjelasan ini membantu pembaca memahami fokus pencarian literatur.

Tutup dengan tujuan eksplisit atau pertanyaan tinjauan. Jelaskan secara jelas tujuan dari narrative review. Nyatakan apa yang ingin ditinjau, dirangkum, atau dijelaskan melalui tulisan ini. Berbeda dengan artikel penelitian orisinal yang mengajukan hipotesis, pendahuluan dalam narrative review sebaiknya menjelaskan cakupan tinjauan, pertanyaan yang ingin dijawab, serta relevansinya secara klinis, ilmiah, atau kebijakan.]

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| **Pembahasan subtopik 1 (Subjudul pada bagian ini disesuaikan dengan subtopik yang akan dibahas oleh penulis)** |  |

[Setiap subjudul mewakili aspek penting dari topik yang dibahas dan membantu memandu pembaca melalui area kunci yang relevan. Dalam narrative review, pembahasan tidak digunakan untuk melaporkan temuan eksperimen baru, melainkan untuk menyajikan sintesis kritis dari literatur yang ada.

Bagian ini sebaiknya disusun berdasarkan tema utama, subtopik, atau isu konseptual yang relevan dengan fokus tinjauan. Anda dapat menyusun berdasarkan pola : (1) Tematik (patofisologi 🡪 diagnosis 🡪 manajemen). 2. Kronologis (perkembangan teori/teknologi dari waktu ke waktu). (3) Peningkatan kompleksitas pembahasan (dari dasar hingga lanjutan). (4) Tingkatan bukti/ ranah klinis.

Setiap bagian setidaknya harus berisi: (1) Ringkasan singkat literatur utama. (2) analsisi kritis (kelebihan, keurangan metodologi, hasil yang tidak konsisten atau bias). (3) Integrasi dengan pengetahuan (bagaimana temuan tersebut membentuk pemahaman saat ini). (4) Identifikasi gao (area dengan bukti yang lemah atau belum eksploratif). (5) Implikasi (apa arti temuan ini bagi praktik atau riset).

Meskipun tidak secara sistematis dan diberikan keleluasaan pembahasan kepada penulis, namun penulis didorong untuk menyajikan tren umum, menyoroti kesepakatan dan perbedaan antar sumber, serta memberikan interpretasi terhadap literatur secara keseluruhan. Narasi yang disusun dengan baik akan mengidentifikasi di mana bukti ilmiah kuat, di mana masih terdapat perbedaan, dan di mana kesenjangan pengetahuan signifikan masih ada. Dengan demikian, review ini tidak sekadar mendeskripsikan studi, tetapi secara kritis berinteraksi dengan temuan dan implikasinya.]

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| **Pembahasan subtopik 2 dan seterusnya. (Subjudul pada bagian ini disesuaikan dengan subtopik yang akan dibahas oleh penulis)** |  |

[Untuk subtopik ini disamakan alur pembahasan seperti subtopik sebelumnya yang memuat struktur yang logis serta sintesis dan analisi kritis

Disarankan menggunakan tabel atau diagram konseptual hanya jika: (1) Memperjelas klasifikasi, tren atau perbandingan antarstudi. (2) hindari tabel demografi (seperti pada artikel penelitian). (3) Jangan lupa mencantumkan judul dan keterangan yang lengkap ]

Pada akhir bagian ini, pembaca seharusnya memperoleh pemahaman yang utuh dan kontekstual mengenai topik, yang didukung oleh integrasi literatur yang mendalam dan bijaksana.]

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| **Kesimpulan** |  |

[Kesimpulan dari sebuah narrative review berfungsi sebagai sintesis akhir dari literatur yang ditinjau dan tidak seharusnya sekadar mengulang poin-poin yang telah dibahas sebelumnya. Sebaliknya, bagian ini harus memberikan ringkasan yang jelas dan padat mengenai temuan-temuan paling penting yang dihasilkan dari analisis naratif. Bagian ini juga harus mencerminkan pesan utama dari tinjauan dan menekankan kontribusinya terhadap pemahaman topik.

Buat paragraf singkat tentang: (1) Menyatakan kembali tujuan utama dan pesan inti dari hasil sintesis. (2) Tekankan wawasan baru yang muncul dari analisis. (3) Bahas implikasi praktis dan teoretis: bagaimana hasil tinjauan memperbaiki praktik atau membuka arah riset baru. (4) Berikan saran spesifik untuk penelitian lanjutan atau pengembangan kebijakan. (5) Hindari pengulangan deskriptif]

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| **Ucapan Terima Kasih** |  |

Para penulis tidak memiliki ucapan terima kasih yang perlu disampaikan.

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| **Dukungan Dana dan Sponsor** |  |

Penelitian ini tidak menerima hibah atau dukungan pendanaan khusus dari lembaga pendanaan di sektor publik, komersial, maupun nirlaba.

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| **Konflik Kepentingan** |  |

Para penulis menyatakan bahwa mereka tidak memiliki konflik kepentingan yang berkaitan dengan publikasi artikel ini.

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| **Pernyataan Ketersediaan Data** |  |

Tidak ada data baru yang dihasilkan atau dianalisis dalam studi ini.

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| **Kontribusi Penulis** |  |

Seluruh penulis berkontribusi secara signifikan dalam penyusunan dan perancangan penelitian, pengumpulan data, analisis, serta interpretasi hasil. Semua penulis berpartisipasi dalam penulisan dan revisi naskah secara kritis untuk isi intelektual yang penting, menyetujui versi akhir yang akan diterbitkan, serta bertanggung jawab atas seluruh aspek penelitian ini.

**Daftar pustaka**

1. Johnson N, Barlow D, Lethaby A, et al. Surgical approach to hysterectomy for benign gynaecological disease. *Cochrane Database Syst Rev*. Epub ahead of print 2005. DOI: 10.1002/14651858.cd003677.pub2.

2. Medeiros LR, Stein AT, Fachel J, et al. Laparoscopy versus laparotomy for benign ovarian tumor: A systematic review and meta-analysis. *Int J Gynecol Cancer* 2008; 18: 387–399.

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5. Bollag L, Lim G, Sultan P, et al. Society for Obstetric Anesthesia and Perinatology: Consensus Statement and Recommendations for Enhanced Recovery After Cesarean. *Anesth Analg* 2021; 132: 1362–1377.

6. Feenstra ML, Jansen S, Eshuis WJ, et al. Opioid-free anesthesia: A systematic review and meta-analysis. *J Clin Anesth* 2023; 90: 111215.

7. Massoth C, Schwellenbach J, Saadat-Gilani K, et al. Impact of opioid-free anaesthesia on postoperative nausea, vomiting and pain after gynaecological laparoscopy - A randomised controlled trial. *J Clin Anesth* 2021; 75: 22–28.

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9. Choi JW, Joo JD, Kim DW, et al. Comparison of an intraoperative infusion of dexmedetomidine, fentanyl, and remifentanil on perioperative hemodynamics, sedation quality, and postoperative pain control. *J Korean Med Sci* 2016; 31: 1485–1490.

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11. Wu CL, King AB, Geiger TM, et al. American Society for Enhanced Recovery and Perioperative Quality Initiative Joint Consensus Statement on Perioperative Opioid Minimization in Opioid-Naïve Patients. *Anesth Analg* 2019; 129: 567–577.

12. Burns ML, Hilliard P, Vandervest J, et al. Variation in Intraoperative Opioid Administration by Patient, Clinician, and Hospital Contribution. *JAMA Netw Open* 2024; 7: E2351689.

13. Brown EN, Pavone KJ, Naranjo M. Multimodal general anesthesia: Theory and practice. *Anesth Analg* 2018; 127: 1246–1258.

**Tabel**

Tabel 1. Perbandingan Literatur

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Penulis (Tahun)** | **Judul Artikel** | **Tujuan Penelitian** | **Desain Penelitian** | **Intervensi** |
| Korkusuz *et al*. (2023) | *Effectiveness of External Oblique Intercostal Plane Block in Abdominal Surgery* | Menilai efektifitas EOIPB bilateral sebagai bagian dari multimodal analgesia | RCT, tersamar ganda, n=80 | EOIPB + multimodal vs Multimodal Analgesia |
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Tabel 2. …

**Keterangan Gambar**

Gambar 1. [Anatomi tulang belakang].

Gambar 2. …

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|  | [Title of the article: Narrative Review] |

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| NARRATIVE REVIEW | |
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DOI : XXX.XXX.XXXXX

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| --- | --- |
| **Abstract** |  |

**Summary:**

[Free structure, not mandatory but should ideally include: (1) The background of the topic under review, the main issue discussed, and the urgency or relevance of conducting a narrative review. (2) Clearly state the objective(s) of this narrative review. (3) A brief summary of the literature search (database, keywords, and time range), if applicable. (4) The main points or essence of the critical synthesis, or an overview of what topics will be discussed. (5) The key message(s) for the reader.]

Keywords: [keyword1, keyword2, keyword3, keyword 4, …]

**[Judul Artikel: Tinjauan Naratif]**

|  |  |
| --- | --- |
| **Abstrak** |  |

**Ringkasan:**

[Struktur bebas, tidak wajib tetapi sebaiknya memuat: (1). Latar belakang topik yang ditinjau, permasalahan utama yang dibahas, serta urgensi atau relevansi dilakukan tinjauan naratif. (2). Jelaskan secara jelas tujuan dari narrative review ini. (3) Ringkasan pencarian literatur secara singkat (database, kata kunci dan rentang tahun) jika memungkinkan. (4) Inti hasil dari sintesis kritis atau gambaran apa topik yang akan dibahas. (5) Pesan kepada pembaca.]

Kata kunci: [katakunci1, katakunci2, katakunci3, katakunci 4, …]

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| **Introduction (The subheading of this section may be modified according to the author’s preference as an introduction to the content of the narrative review.)** |  |

[This part should be brief. Always write in narrative form, do not write in bulleted or numbered list.

Begin with a general overview of the broader topic or clinical issue that serves as the background for this review. Include relevant epidemiological data, global or local trends, or clinical observations to emphasize the significance of the issue. Explain why the topic is considered important at present—whether it is under-researched, controversial, or highly relevant to clinical practice.

Focus the discussion by identifying the main problem, knowledge gaps, or inconsistencies in the current literature. Highlight the lack of consensus, evolving practices, or areas with limited or fragmented scientific evidence across disciplines.

If possible, the author should provide a brief explanation of the sources of literature. Mention the databases used, such as PubMed, Google Scholar, ScienceDirect, ProQuest, or other sources relevant to the topic. State the main keywords used to search for articles and the time range of the literature search, if relevant. This explanation helps readers understand the focus of the literature search.

Conclude the introduction with an explicit aim or review question. Clearly state the objective of the narrative review—what the paper seeks to explore, summarize, or clarify. Unlike an original research article that proposes a hypothesis, the introduction in a narrative review should explain the scope of the review, the questions addressed, and its clinical, scientific, or policy relevance.]

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| **Discussion of Subtopic 1**  **(The subheading of this section should be adjusted according to the specific subtopic to be discussed by the author.)** |  |

Each subheading represents an important aspect of the topic being discussed and helps guide the reader through key relevant areas. In a narrative review, the discussion section is not used to report new experimental findings, but rather to present a critical synthesis of existing literature.

This section should be organized according to the main themes, subtopics, or conceptual issues relevant to the focus of the review. You may structure it using the following patterns: (1)Thematic (e.g., pathophysiology → diagnosis → management). (2) Chronological (development of theories or technologies over time). (3) Increasing complexity (from basic to advanced discussion). (4)Level of evidence or clinical domain.

Each section should at least include: (1) A brief summary of key literature. (2) A critical analysis (strengths, methodological weaknesses, inconsistent or biased results). (2) Integration with existing knowledge (how the findings contribute to current understanding). (3) Identification of gaps (areas with weak or unexplored evidence). (4) Implications (what the findings mean for practice or research)

Although the structure is not strictly systematic and authors have flexibility in how they organize the discussion, they are encouraged to present general trends, highlight agreements and discrepancies among sources, and provide interpretations of the literature as a whole.

A well-constructed narrative identifies where the scientific evidence is strong, where differences remain, and where significant knowledge gaps persist. Thus, the review does not merely describe studies, but critically engages with their findings and implications..]

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| **Discussion of Subtopic 2 and so forth**  **(The subheading of this section should be adjusted according to the specific subtopic to be discussed by the author.)** |  |

[For this subtopic, follow the same discussion flow as the previous one, maintaining a logical structure along with synthesis and critical analysis.]

It is recommended to use tables or conceptual diagrams only if: (1) They help clarify classifications, trends, or comparisons between studies. (2) Avoid demographic tables (as used in original research articles). (3) Do not forget to include complete titles and captions.

At the end of this section, readers should gain a comprehensive and contextual understanding of the topic, supported by a deep and thoughtful integration of the literature.

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| **Conclusion** |  |

[The conclusion of a narrative review serves as the final synthesis of the literature reviewed and should not merely repeat the points previously discussed. Instead, this section must provide a clear and concise summary of the most important findings derived from the narrative analysis. It should also reflect the main message of the review and highlight its contribution to the understanding of the topic.

Write a short paragraph that: (1) Restates the main objective and key messages from the synthesis. (2) Emphasizes new insights that have emerged from the analysis. (3) Discusses practical and theoretical implications — how the findings improve practice or open new directions for research. (4) Provides specific recommendations for future research or policy development. (5) Avoids descriptive repetition.]

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| **Acknowledgement** |  |

The authors have no acknowledgment to declare.

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| **Financial Support and Sponsorship** |  |

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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| **Conflicts of Interest** |  |

The authors declare that they have no conflict of interest related to the publication of this article.

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| **Data Availability Statement** |  |

No new data were generated or analysed in this study.

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| **Authors’ Contributions** |  |

All authors contributed significantly to the conception and design of the study, data collection, analysis, and interpretation of the results. All authors participated in writing and critically revising the manuscript for important intellectual content, approved the final version to be published, and are accountable for all aspects of the research.

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1. Johnson N, Barlow D, Lethaby A, et al. Surgical approach to hysterectomy for benign gynaecological disease. *Cochrane Database Syst Rev*. Epub ahead of print 2005. DOI: 10.1002/14651858.cd003677.pub2.

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11. Wu CL, King AB, Geiger TM, et al. American Society for Enhanced Recovery and Perioperative Quality Initiative Joint Consensus Statement on Perioperative Opioid Minimization in Opioid-Naïve Patients. *Anesth Analg* 2019; 129: 567–577.

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13. Brown EN, Pavone KJ, Naranjo M. Multimodal general anesthesia: Theory and practice. *Anesth Analg* 2018; 127: 1246–1258.

**Tabel**

Tabel 1. Literature comparison

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Researcher (Year)** | **Title** | **Aims** | **Research Design** | **Intervention** |
| Korkusuz *et al*. (2023) | Effectiveness of External Oblique Intercostal Plane Block in Abdominal Surgery | Assessing the effectiveness of bilateral EOIPB as part of multimodal analgesia | RCT, double blind, n=80 | EOIPB + multimodal vs Multimodal Analgesia |
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Tabel 2. … **Figure Legends**

Figure 1. [Spine anatomy].

Figure 2. …