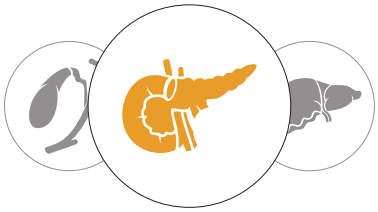

BÖLÜM 60

Minimal İnvaziv Pankreas Cerrahisi

İsmail TIRNOVA [1]

ÖZET

Pankreas cerrahisi, teknik zorluğun yanı sıra fistül, kanama gibi mortal seyredebilen yüksek komplikasyon oranları nedeniyle de tarihsel gelişimi yavaş seyreden bir cerrahidir. Buna paralel olarak da minimal invaziv tekniklerin geliştirilmesi oldukça zaman almıştır. Halen dünya genelinde açık tekniğin yaygın olduğu bu sahada laparoskopik ve robotik tekniğin geliştirilmesi ve yaygınlaştırılması için alınması gereken yollar mevcuttur. Günümüz şartlarında sınırlı olan kanıt düzeyi yüksek çalışmaların sayısının artması ve bu kompleks cerrahi tekniklerin eğitimlerinin organize edilmesi ile ilerleyen yıllarda minimal invaziv pankreas cerrahisinin hem kantitatif hem de kalitatif gelişim göstereceği aşikardır.

Tarihçe

Anatomik olarak retroperitoneal yerleşimi ve ana vasküler yapılar ile olan karmaşık ilişkileri nedeni ile pankreas cerrahisinin gelişimi nispeten yavaş kalmıştır. Pankreas rezeksiyonları, cerrahi teknik açıdan zorluğunun yanı sıra fistül, kanama gibi komplikasyon oranlarının yüksek olması da batın içi diğer cerrahilere göre gelişiminin yavaş kalmasında önemli bir nedendir (1). Bunların bir neticesi olarak minimal invaziv tekniklerin gelişimi de yakın geçmişimize dek uzanan yavaş bir süreç içerisindedir. Laparoskopik pankreatikoduodenektominin (PD) 1994 yılında (2), laparoskopik distal pankreatektominin (DP) ise 1996 yılında (3) ilk kez tanımlanmasının ardından geçen 20 yıldan fazla sürede, durgun geçen ilk yılların aksine özellikle son dekadda oldukça hızlı bir ilerleme kaydedilmiştir. Yine de barındırdığı cerrahi teknik zorlukları ve yüksek volümlü merkezlerde olması gereken uzun süren öğrenme eğrileri nedeni ile halen pankreas cerrahisinde minimal invaziv tekniklerin kullanımın yaygınlaşmamış olması anlaşılabilir.

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rahi eğitimi, birçok cerrahi eğitim programının ilgi odağı haline geldi. Hepatobiliyer cerrahinin robotik gerçekleştirilmesi için sanal gerçeklik ve cansız doku kullanımı sağlayan bir eğitim modeli ABD'de geliştirildi (76). Her ne kadar sanal gerçeklik ve doku modelleri üzerindeki eğitimlerin, gerçek vakaların komplike yönetimlerini garanti edemeyeceği bilinse de bu teknolojinin yaygınlaşması için mantıklı ve eğlenceli bir yol olarak karşımızda durmaktadır.

Sonuç

Minimal invaziv tekniklerin, teknolojide ve endüstrideki gelişmelere paralel olarak pankreas cerrahisi üzerine olan etkileri, 25 yıl önce ilk kez uygulandığından beri, pankreas adenokarsinomu da dahil olmak üzere birçok klinik senaryoda popüler hale geldi. Şu ana dek elimizdeki oldukça sınırlı randomize kontrollü çalışmalardan oluşan bir yelpazede, geleneksel açık distal pankreatektomiler ve pankreatikoduodenektomilerle karşılaştırıldığında MİDP'nin bazı faydaları (daha düşük kan kaybı, daha kısa kalış süresi ve gelişmiş fonksiyonel iyileşme) ortaya konmuştur. Erken dönemde açık teknikler ve minimal invaziv tekniklerle benzer klinik sonuçlar elde edilse de, bu prosedürlerin uzun vadeli onkolojik etkinliği ile ilgili henüz ortadan kaldırılamamış birçok soru işareti vardır. Öte yandan PD için yürütülen RKÇ'lerin sonuçlarına dayanarak, deneyimli merkezler tarafından umut verici sonuçlar gösterilmiş olmasına rağmen, MİPD'nin APD'ye üstün bir alternatif olarak ilan edilemesi henüz mümkün değildir (77).

Ek olarak, cerrahi açığa dönüşün, cerrah deneyiminin ve hastane hacminin hasta sonuçları üzerindeki potansiyel etkilerini tanımak çok önemlidir. Nihayetinde, yüksek düzeyde kanıtlar elde edildikçe ve MİPC eğitim programları yaygınlaştıkça, pankreasa yönelik güncel yaklaşımların daha hızlı şekilde genişlemesi beklenebilir.

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