



BÖLÜM 65

Pankreas Cerrahisi Sonrasında Görülen Komplikasyonlar ve Yönetimi

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ÖZET

Pankreas ameliyatları sonrası komplikasyonların başlıca nedenleri gecikmiş mide boşalması, pankreas fistülü ve kanamadır. Ayrıca safra fistülü, karın içi apse, akut pankreatit ve şilöz asit de görülebilir. Perioperatif yönetimdeki gelişmelere ve postoperatif mortalitede azalmaya rağmen, pankreas cerrahisi sonrası morbidite oranları halen yüksektir ve esas olarak postoperatif pankreas fistülüne (POPF) bağlı olarak görülmektedir. Bu komplikasyonu öngörmek, tanısını koyabilmek ve tedavi stratejilerini etkin bir şekilde uygulamak hastalığın seyri için oldukça önemlidir. Gecikmiş mide boşalması (GMB) hastanede kalış süresinin uzaması, yüksek sağlık hizmeti maliyeti ve tekrarlayan yatışlara neden olması nedeniyle önemlidir. Pankreatektomi sonrası kanama (PSK) ise POPF veya GMB'den daha az yaygın olmasına rağmen, potansiyel olarak yaşamı tehdit eden bir komplikasyondur. Safra fistülü çoğunlukla klinik bozulmaya yol açmayan ve girişimsel yöntemlerle tedavi edilebilen bir komplikasyondur. Karın içi apse yeniden hastaneye yatışların sık görülen bir nedenidir. Pankreas cerrahisi sonrası akut pankreatit tanısı koymak zordur fakat klinik olarak hastayı etkilemesi beklenmez. Şilöz asit retroperitona invaze tümörlerde ve retroperitonel bölge lenf nodlarında geniş diseksiyon yapılan olgularda sık görülür.

Giriş

Malın tümörlerin yanı sıra benign tümörler veya pankreatit gibi pek çok pankreas hastalığı, pankreas cerrahisi gerektirmektedir (1). Pankreas ameliyatları spesifikleşmiş kurumsal yapılaşma, ciddi cerrahi tecrübe ve dikkatli perioperatif yaklaşım gerektiren zor ameliyatlardır (2). En sık

uygulanan pankreas ameliyatı, pankreas başındaki lezyonlar için A.O. Whipple tarafından geliştirilen Pankreatikoduedonektomidir (PD). Bunun yanı sıra Pankreasın gövdesindeki ve/veya kuyruğundaki lezyonlar için distal pankreatektomi (DP) veya nadiren santral pankreatektomi (SP) uygulanabilir. Kistik ve nöroendokrin tümörler

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