BÖLÜM 67

Pankreas Cerrahisi Sonrası Yoğun Bakım Desteği

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ÖZET

Cerrahi, pankreas kanserlerinde yaşam süresini uzatabilen tek tedavi yöntemidir. Bazı kronik pankreatit vakalarında ve nadiren de olsa benign periampuller tümörlerde cerrahi endikasyonu vardır. Cerrahi sonrası gelişmiş iyileşme (ERAS), cerrahi stresi azaltmak ve cerrahi sonrasında iyileşmeyi artırmak için sıkça kullanılan çok bileşenli bir yoldur. Postoperatif dönemde görülen komplikasyonları, hastanede kalma süresini ve maliyeti azalttığı için pek çok cerrahi türünde kullanılmaktadır. Postoperatif dönemde karşılaşılan anemi, semptomatik değilse (halsizlik, sıvı açığı ile açıklanamayan taşikardi, hava açlığı hissi) ve hastanın iskemik kalp hastalığı yoksa hemoglobin düzeyi 7g/dL'nin altına düşene kadar kan desteği önerilmez. İskemik kalp hastalığı olan kişilerde 10 g/dL sınırına uyulur.

Giriş

Pankreas cerrahisi geçiren hastalarda gerek eşlik eden komorbit hastalıklar gerek de cerrahinin kendisine bağlı olarak post operatif yoğun bakım takibi önem arz etmektedir. Bu bölümde standart hemodinamik monitorizasyona ek olarak pankreas cerrahisi sonrası özellikle dikkat edilmesi gereken parametreler üzerinde durulacaktır.

Cerrahi, pankreas kanserlerinde yaşam süresini uzatabilen tek tedavi yöntemidir(1). Bazı kronik pankreatit vakalarında ve nadiren de olsa benign periampuller tümörlerde cerrahi endikasyonu vardır(2,3,4).

Cerrahi sonrası gelişmiş iyileşme (ERAS), cerrahi stresi azaltmak ve cerrahi sonrasında iyileşmeyi artırmak için sıkça kullanılan çok bileşenli bir yoldur. Postoperatif dönemde görülen komplikasyonları, hastanede kalma süresini ve maliyeti azalttığı için pek çok cerrahi türünde kullanılmaktadır (5,6,7).

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İndüksiyon tedavisi; esas olarak akut rejeksiyon epizodlarını azaltmak amacıyla intraoperatif olarak veya kısa bir süre sonra başlatılır. İndüksiyon immünoterapötiklerinin kullanımı, ajanların güçlü anti-T hücre immünsupresif özellikleriyle ilgilidir. Günümüzde indüksiyon tedavisinin ana seçimi anti-timosit globulin (ATG), alemtuzumab ve basiliximabtır. Bazı B-hücresi tüketen tedaviler bildirilmiştir, ancak çok seyrek olarak kullanılmıştır. İdame tedavisi; reddedilme riskini azaltmak için genellikle takrolimus, mikofenolat mofetil ve steroidlerin bir kombinasyonu olan uzun süreli oral ilaçlardan oluşur (64).

Beslenme

Hem Amerika hem de Avrupa enteral ve parenteral beslenme topluluklarınca (ASPEN ve ESPEN) yoğun bakıma alınan hastalarda erken enteral beslenme önerilmektedir (67). Abdominal cerrahiler sonrası erken enteral nutrisyonla ilgili endişeler temel olarak anastomozlarla ilişkilidir. Pankreas nakli hastalarında erken enteral nutrisyonun yararı belirlenmemiş olsa da diğer abdominal cerrahilerdeki açık, kanıtlanabilir yarar ve SPK hastalarındaki güvenilir veriler erken enteral nutrisyonun pankreas nakli ERAS protokolü içerisinde olması gerekliliğini düşündürmektedir (64). Hastalar nazogastrik tüp olmadan tedavi edilmeli, mümkün olan en kısa sürede oral beslenme başlanmalı ve toleransa göre normal diyete geçilmelidir (67).

Postoperatif Bulantı Kusma

Postoperatif bulantı ve kusmanın hasta için son derece rahatsız edici olduğu, ayrıca dehidratasyona ve taburculuğun gecikmesine neden olduğu bilinmektedir. Pankreas transplantasyonu sonrası bulantı kusma hakkında literatürde çok az çalışma bulunmaktadır. Deksmedetomidin kullanımı prospektif çalışmalarda cerrahinin birçok alanında kanıtlanmıştır. Analjezik yararları ve postoperatif bulantı kusmayı azaltıcı etkilerinden dolayı pankreas transplantasyonunda önerilmektedir (64).

Gastroparezi

Gastroparezi, diyabetik hastalarda yaygın görülen bir komplikasyondur (79). Kronik hiperglisemi kaynaklı nöronal hasar mide kasılmasının zayıflamasına neden olur; bu da erken doyma, mide bulantısı ve kusma ile sonuçlanır (80). Gastroparezi varlığında opioid kullanımı mortalite artışı ve postoperatif kalışın uzamasına neden olabilir. Tedavide dopamin antagonistleri (metoklopramid ve domperidon) ve motilin agonistleri (eritromisin) dahil prokinetik ajanlar kullanılabilir (64).

Mobilizasyon

Kritik hastalarda ve cerrahi yoğun bakım ünitesinde erken mobilizasyonun uygulanabilir, güvenli ve etkili olduğu, yoğun bakımda kalış sürelerini azalttığı, kas gücünü artırdığı ve taburculuğu hızlandırdığı gösterilmiştir. Pankreas cerrahisi sonrası sonuç üzerinde kesin etkisi yokmuş gibi görünsede diren sayısının azaltılması ve erken dönemde çıkarılması mobilizasyona yardımcı olabilir(5).

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