

Bölüm 11

POSTOPERATİF HASTALARDA KİLO KAYBI VE YÖNETİMİ

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GİRİŞ

İstemsiz kilo kaybı, klinik olarak normal vücut ağırlığının %5 ve daha fazlasının 6 ile 12 ay arasında kaybı olarak tanımlanır (1). Bu terim, tedavinin beklenen bir sonucu (örneğin kalp yetmezliği olan hastalarda diüretik tedavisi sonrası kilo kaybı) veya bilinen bir hastalığın sonucu olarak kilo kaybını kapsamaz (2). İstemsiz kilo kaybının birçok nedeni bulunmaktadır. İlerleyici kilo kaybı, genellikle ciddi tıbbi veya psikiyatrik hastalıkları gösterir. Herhangi bir organ sistemini etkileyen kronik hastalık, kilo kaybına neden olabilir. İstemsiz kilo kaybı etiyolojilerini inceleyen çalışmalarda, malignite sonucu kilo kaybı hastaların yüzde 15 ila 37'sinde birincil neden olarak tanımlanmaktadır (3). Malign olmayan gastrointestinal nedenler ise bir çok çalışmada %10-20 oranında bulunmuştur (4,5). Psikiyatrik nedenler %10-23 oranında iken, %25'lik bir kısmında ise net olarak neden bulunmamaktadır (6,7). Bu nedenlerin bir kısmının direkt, bir kısmının ise dolaylı olarak gastrointestinal sisteme etkisinden dolayı kilo verme meydana gelmektedir. Gastrointestinal sistem birçok besin yapı taşının hem emilim hem de sentezinde önemli rol oynamaktadır. Gastrointestinal sistem organlarının hem anatomik hem de endokrin olarak spesifik görevleri mevcuttur. Bu organların malign ya da benign nedenlerden dolayı cerrahi olarak rezeksiyonu sonrası birçok sindirim ve emilim aksaklıkları meydana gelmekte ve bunun uzun dönem sonuçlarında kilo kaybı kaçınılmaz hale gelmektedir. Bu bölümde gastrointestinal sistem cerrahisi sonrası kilo kaybı ve tedavi yöntemlerinden bahsedilecektir.

GASTREKTOMİ

Peptik ülserin medikal tedavisi ile mide rezeksiyonu prevalansı azalmıştır. Ancak halen medikal tedaviye yanıt vermeyen peptik ülserin tedavisinde ve er-

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