

Bölüm 30

RADYOTERAPİYE BAĞLI GASTROİNTESTİNAL SİSTEM YAN ETKİLERİNDE BESLENME YÖNETİMİ

Candaş ERÇETİN¹

GİRİŞ

İyonizan radyasyonun 1895'te Röntgen tarafından keşfinden sonra gastrointestinal sistem (GİS) üzerinde gelişen olumsuz etkileri 2 yıl sonrasında tanımlanmaya başlanmış olup, aynı tedaviye bağlı rektal bölgede gelişen fistül ve striktürler Füth ve Ebeler tarafından 1915'lerde tanımlanmıştır (1,2). Radyoterapi (RT) tedavisi gören hastalarda gelişen sindirim sistemi hasarları vakaların %1-55'inde görülebilmektedir (3).

RT'nin beslenme durumuna etkisi; uygulanan alanın genişliği, uygulama yapılan bölge, uygulama tekniği, tedavi süresi ve kişisel yanıt gibi etmenlere bağlı olarak değişebilmektedir (4). Özellikle baş ve boyun bölgesi kanserlerinde vakaların çoğunda yan etkiler saptanmakta olup (%50-100), genellikle RT alanında olan ve hızlı çoğalma karakteri gösteren dokularda (mukoza, kemik iliği, deri) görülmektedir. Bu bölgeye ait yan etkiler; mukozit, yutma güçlüğü, iştah azalması, bulantı, kusma, dişlerde gelişen hasarlanmalar, kilo kaybı, tat ve koku almada değişiklikler olarak görülebilmektedir. Batın ve pelvis bölgesine RT alan hastalarda %0.5-5.2 oranında GİS yan etkileri görülebilmektedir. Bu tedavilerde RT dozu arttıkça, enteropati şiddeti ve sıklığında da artış gözlenmektedir (5).

KLİNİK BULGULAR VE RİSK FAKTÖRLERİ

RT'ye bağlı doku hasarı, oksidatif stres, inflamasyon, planlı hücre ölümü (apoptoz) ve genetik hasardan oluşan kompleks bir süreçtir. RT'ye bağlı akut toksisite, bölünebilir hücrelerdeki fonksiyon kaybına bağlı olarak tedavi sırasında oluşabilir ve tedaviden sonra 1-2 ay sürebilir. Kronik hasar ise, RT uygulanan organdaki

¹ Uzm.Dr. (Başasistan), SBÜ. İstanbul Bağcılar Sağlık Uygulama ve Araştırma Merkezi, Genel Cerrahi Kliniği, candas.ercetin@saglik.gov.tr

önerilmelidir. Hastanın stresle mücadele edebilmesi için gerekli altyapının hazırlanması, psikolojik destek ya da gevşeme tekniklerinden yararlanması amacıyla teşvik edilmelidir (92). Hastanın fiziki çevresinin düzenlenmesi (kokusuz, temiz ortam), rahat kıyafetler, tedavi öncesi dinlenmesine uygun ortam sağlanması, öğünleri azar azar fakat sık aralıklar ile planlamak, besinlerin iyice çiğnenmesi, yeterli sıvı alımının sağlanması hasta konforunu arttırıcı faktörler olarak öne çıkabilmektedir (5,92). Hastanın ara öğünlerinde yüksek proteinli ya da yüksek kalorili kuruyemişler yemesi konusunda motive edilmelidir. Öğünlerin sunumuna ve görseline önem verilmesi, sakin ve hafif bir müzikli ortam sağlanması, yemek öncesi hafif egzersiz yapılması da hastanın iştahını arttırabilecek yöntemler arasındadır (93,94). Tüm bu multidisipliner yaklaşımlara rağmen yeterli besin alımı sağlanamıyorsa ve hastanın genel durumunun kötüleşmesi halinde girişimsel yöntemler (İntravenöz ya da enteral yol) ile beslenmenin sürdürülmesi gerekebilir (95).

Sonuç olarak; kanser hastalarına verilen tedavi kadar takiplerinde gelişen semptomların yönetimi de hastaların kısa ve uzun süreli yaşam kalitesini önemli ölçüde etkilemektedir. RT'ye bağlı hasarı önlemede temel nokta; yeni gelişen teknolojileri kullanarak tümörde tedavi etkinliğini sağlarken, çevre sağlıklı dokuların maksimum oranda korunmasıyla gelişebilecek yan etkilerin azaltılmasıdır. Beslenmenin amacı, kanser tanısı konulmasından itibaren makro ve mikro besin öğelerinin yeterli miktarda alımı için uygun programların oluşturulmasıdır. Beslenme ve diyetin düzenlenmesi multidisipliner yaklaşımla sağlanmalıdır.

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