

Bölüm 38

ORGAN NAKLİ HASTALARINDA BESLENME DESTEĞİ

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GİRİŞ

Organ nakli hastalarının beslenme durumunu nakil öncesi, nakil dönemi ve nakil sonrası dönemler olarak 3 ayrı dönemde değerlendirebiliriz. Kronik zeminde gelişen son dönem organ yetmezlikleri, sindirim ve emilim bozuklukları ya da yetersiz besin alımına bağlı olarak genellikle malnütrisyon tablosu ile karşımıza çıkarlar. Nakil öncesi dönemde bu durum hastanın yaşam kalitesinde bozulma ve sık enfeksiyon ataklarına neden olurken, nakil sonrası dönemde morbidite ve mortalite oranlarının artmasına neden olur (1,2). Nakil öncesi uygulanacak beslenme desteğinin amacı, mevcut protein enerji malnütrisyon tablosunu düzeltmek, vitamin ve mineral eksikliklerini gidermek ve bu şekilde hastayı nakil sonrası komplikasyonlar, cerrahi stres ve bağışıklığı baskılayıcı ilaçların neden olduğu yoğun katabolik döneme hazırlamaktır.

Çocukluk çağı nakil hastalarında ise mevcut olan hastalığa genellikle gelişme geriliği eşlik eder (3). Nakil sonrası hasta ve greft sağ kalımı için kullanılan bağışıklığı baskılayıcı ilaçların da büyümeyi baskılayıcı etkileri vardır (4). Bu nedenle çocukluk çağı nakillerinde, nakil sonrası dönemde tıbbi beslenme desteği verilmesi, hastanın büyümesinin sağlanabilmesi, nörolojik gelişimi ve hayat kalitesinin artması için en önemli unsurlardan biridir (5).

Bir organ nakli alıcısına beslenme desteği, hastanın mevcut beslenme durumu, kullandığı bağışıklığı baskılayıcı ilaç rejimi, enfeksiyon olup olmaması, nakledilen greftin çalışma durumu, diğer organların çalışma durumu, metabolik ve cerrahi komplikasyonlar düşünülerek planlanmalıdır (6). Beslenme durumu, hastanın fiziksel değerlendirmesi ve öyküsünü içeren 'öznel genel değerlendirme' ile antro-

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Sonuç olarak; organ naklinde başarılı sonuçların elde edilebilmesi ancak doğru hasta hazırlığı, doğru nakil süreç yönetimi ve doğru nakil sonrası takip ile başarılabılır. Nakil öncesi beslenme hazırlığı tam olarak yapılmamış, malnütrisyonlu bir hastanın nakil sürecini ve nakil sonrası erken dönemi sağlıklı ve komplikasyonsuz bir şekilde atlatması düşünülemez. Nakil sonrası orta ve uzun dönemde ise, hem çocukluk çağı hastalarının büyüme gelişmesinin sağlanması hem de erişkin yaş grubunda yüksek morbidite ve mortalite ile seyreden metabolik hastalıkların etkisinin azaltılması sıkı diyet takibi, beslenme desteğinin nakile, hastaya ve hastanın güncel durumuna göre revize edilerek planlanması ile mümkün olur. Tıbbi tedaviye ek olarak, nakil öncesi ve sonrası iyi ve doğru beslenme desteği, organ nakli programlarının başarısını arttıracak en önemli etkenlerden biridir.

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