Bölüm
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DİZ PROTEZİNDE TURNİKE KULLANIMI VE KANAMA KONTROLÜ

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TANIM

Turnike, diğer büyük ekstremite cerrahileri gibi diz protezinde de uzun süredir kullanılmaktadır. Cerrahi alandaki anatomik yapıların daha iyi görülmesi, çimentolama ve diğer cerrahi işlemleri kolaylaştırılması, kan kaybının azaltılması turnikenin en önemli avantajlarıdır (2,3). Turnike ilk olarak Jean Lous Petit tarafından 1718 yılında kullanılmaya başlandı (1). Bu yıllarda ekstremite cerrahilerinde kanama sonrası kan transfüzyonu gereksiniminin artması, ABO uyumsuzluğu ve bağışıklık sisteminin baskılanmasına bağlı enfeksiyon sıklığında artış, turnikeyi ekstremite ameliyatlarının olmazsa olmazı haline gelmiştir.

Turnike kullanımının avantajları olmasına rağmen, aynı zamanda komplikasyon potansiyeli de vardır, bu nedenle yeterli bilgi ve dikkatle kullanılmaları gerekir. Doğru turnike basıncı seçimi, uygun kolluk seçimi, turnike zamanlaması, turnike kullanımının temel noktalarıdır. Son yıllarda artan komplikasyon oranları, cerrahi ve anestezi yöntemlerindeki gelişmeler nedeniyle eski inançların aksine; kardiyovasküler problemi ve morbiditesi olmayan hastalarda turnikesiz ameliyatlar tercih edilmektedir. Literatürde turnikesiz yapılan ameliyatlarda dokuların daha hızlı iyileştiği, kas aktivitesinin daha iyi olduğu, ameliyat sonrası rehabilitasyon süresinin kısaldığı ve daha az analjezik kullanıldığı bildirilmektedir (4).

Total diz protezi, ortopedi ve travmatolojide sıklıkla uygulanan majör ameliyatlardan biridir. Ortalama yaşam süresinin uzaması sonrası osteoartrit görülme sıklığının artması, diz protezi yapılma sıklığının artmasına neden olmuştur (5). Bu artış ülke ekonomileri için ciddi yük getirmektedir. Çok fazla sayıda uygulanan bu ameliyatın başarısının çok yüksek olduğuna dair bilimsel çalışmalarda ortak görüş bulunmakla beraber, turnike kullanımı ile ilgili tartışma mevcuttur.

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kullanılmalıdır. Önemli derecede kardiyovasküler problemleri olan, morbiditesi yüksek veya kontrendike durumları olan hastalarda diz protezi turnikeli yapılabilir. Basınç miktarının ve uygulama süresinin uygun şekilde kontrol edilmesiyle komplikasyon riski azaltılabilir. Yukarıda belirtildiği gibi herhangi bir problemi bulunmayan hastalarda, hızlı iyileşme, ameliyat sonrası ağrı kesici tüketiminin azaltılması ve operasyon sonrası daha iyi kas aktivitesi amaçlarıyla diz protezi turnike olmadan yapılabilir. Son zamanlarda yapılan çalışmalarda turnike kullanmayan hastalarda kanama kontrolü için kullanılan bazı ajanlar ile ilgili olumlu sonuçlar bildirilmektedir.

Anahtar kelimeler: Diz Protezi; Turnike; Kanama Kontrolü

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