

SOLUNUM SİSTEMİ HASTALIKLARINDA ANESTEZİ

10. BÖLÜM

Burcu AVCI¹

1.Giriş

Preoperatif solunum sistemi hastalıkları, solunum fonksiyonlarında belirgin intraoperatif değişikliklere ve postoperatif pulmoner komplikasyonlara neden olur. Preoperatif pulmoner değerlendirme; anamnez, fizik muayene, toraks grafisi, arteriyel kan gazı analizleri ile spirometrik değerlendirmeyi içerir. Cerrahi girişim öncesi pulmoner fonksiyonların düzeltilmesine yönelik tedavilerden yararlanabilecek hastalar belirlenmeye çalışılır ve bu yolla postoperatif komplikasyon olasılığı azaltılabilir.

Bu bölümde pulmoner risk faktörleri ile yüksek riskli hastaların saptanması, sık görülen akciğer hastalıklarında preoperatif ve intraoperatif tedaviler ile anestezi yaklaşım değerlendirilecektir.

2.Pulmoner Risk Faktörleri

Postoperatif komplikasyonların en güçlü iki prediktörü ameliyat yeri ve önceden mevcut akciğer hastalığının derecesi ile korelasyon gösteren dispne varlığıdır (1).

Sigara içme alışkanlığı ve akciğer hastalıkları arasındaki ilişki iyi tanımlanmıştır. Solunum sisteminde tütün kullanımı mukosilyer transporta zarar verir, goblet hücre hiperplazisini ve mukus aşırı üretimini uyarır (2), pulmoner makrofaj işlevini bozar (3) ve bronşiyal hava yolu reaktivitesini artırır (4). Tütüne maruz kalma, bakteriyel klirensin gecikmesine ve enfeksiyona duyarlılığın artmasına neden olur (5). Sigara içenler, pnömoni ve uzun süreli mekanik ventilasyon gibi postoperatif pulmoner komplikasyonlara yatkındır (6). Sigara içiminin 12-24

¹ Uz Dr, Hatay İskenderun Devlet Hastanesi, Anesteziyoloji ve Reanimasyon, drburcuavci@gmail.com

İntraoperatif tromboembolilerde ani gelişen taşikardi, hipotansiyon, hipoksi ile end-tidal CO₂ konsantrasyonlarında ani azalma görülür. Santral venöz basınç ve pulmoner arter basıncında artış gözlenir. İntravenöz sıvılar ve inotropikler ile destekleyici tedavi uygulanır (77).

6.Sonuç

Fizik muayene, SFT ve kan gazı analizleriyle yapılan ayrıntılı preoperatif değerlendirilmede saptanan hiperkapni, hipoksi ve FEV₁ azalması artmış postoperatif pulmoner komplikasyon riski ile ilişkilidir. Preoperatif dönemde akciğer fonksiyonları uygun tedavilerle optimize edilmelidir. Perioperatif komplikasyon riskini belirgin artırdığından sigaranın operasyon öncesi dönemde bırakılması önerilmektedir. Bir anksiyolitik premedikasyonda değerlendirilmelidir. Rejyonel anestezi, genel anesteziye bağlı pulmoner komplikasyonlardan kaçınılması açısından avantajlı olabilmektedir; ancak her cerrahi işlem ve her hasta için uygun değildir. Bazı hastalar öksürmekten supin yatamazlar ya da sedatize edildiklerinde hipoksi ve kooperasyon bozukluğu görülebilir. Genel anestezi seçilen hastalarda laringeal maske kullanımı entübasyona oranla daha az bronkospazm riski taşır. Entübasyon uygulanacak hastalarda iyi bir anestezi derinliği ve kas gevşetici bronkospazm riskini azaltır. Özellikle torasik ve üst abdominal cerrahilerden sonra iyi bir analjezik sağlanması önemlidir. Erken mobilizasyona izin verir. Postoperatif ağrı hipoventilasyon ve sekresyonların atılamamasının en önemli nedenlerindedir. Atelektazi ve pnömoniye neden olabilir.

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