

# ENDOKRİN BOZUKLUKLAR VE ANESTEZİ

## 13. BÖLÜM

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### 1.Giriş

Endokrin hastalıklar, vücuttaki hormon salgılayan bezlerin az veya fazla çalışması veya çeşitli nutrisyonel bozukluklar sonucu gelişir. Endokrin hastalıklar cerrahinin sebebi olabilir ya da cerrahi uygulanacak hastalığa eşlik ediyor olabilir. Bu hastalıklar, ameliyat olan hastalarda sık görülen komorbid durumlardan biridir.

Endokrin bozukluklar peroperatif ve postoperatif dönemde hastanın cerrahi ve anesteziye fizyolojik yanıtını etkilerler. Preoperatif değerlendirmede endokrin hastalığın olup olmadığının belirlenmesi önemlidir. Anestezik yaklaşım klinik duruma göre özellik taşımaktadır.

### 2.Tiroid hastalıklarında anestezi

Tiroid bezi hastalıkları sıktır. Endemik bölgelerde erişkin hastalarda tiroid bezi hastalıkları görülme sıklığı %15-30'dur(1). Anestezi uygularken karşılaşılan tiroid bozuklukları hipotiroidi, hipertiroidi ve tiroidektomiye içerir(2). Tiroid cerrahisi tüm dünyada en sık uygulanan endokrin cerrahidir(3).Tiroid cerrahisi dışında başka cerrahilerde de tiroid bozukluklarıyla karşılaşılmaktadır ve bu durum peroperatif dönemde sorunlara neden olabilir. Tiroidektomide anestezistin genel olarak dikkat etmesi gereken durumlar; tiroid fonksiyonunun preoperatif değerlendirilmesi, beklenen zor havayolu, yeterli cerrahi gevşeme ve postoperatif acil havayolu komplikasyonlarını (hematom, bilateral vokal kord felci) içerir.

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elektrolit bozukları belirlenmeli ve preoperatif dönemde düzeltilmesi önerilmektedir. Akromegali ve cushing hastalığı gibi durumlarda havayolu yönetimi (zor havayolu ihtimali) oldukça önemlidir.

### KAYNAKÇA

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