

## KARDİYOVASKÜLER CERRAHİ VE ANESTEZİ

# 21. BÖLÜM

Ümran KARACA<sup>1</sup>

### 1.Giriş

Her yıl Avrupa'da yaklaşık 3,8 milyon, Avrupa Birliği'nde ise 1,8 milyon kişi kardiyovasküler hastalıklar nedeniyle ölmektedir(1). Ülkemizde ise Türkiye İstatistik Kurumu (TÜİK) 2018 yılının verilerine göre ölüm nedenleri içerisinde dolaşım sistemi hastalıkları nedeniyle gerçekleşen ölüm vakaları tüm ölümlerin %38,45'ini oluşturarak ilk sırada yer almıştır (2). Bu nedenle koroner arter bypass greftleme (KABG) cerrahisi erişkinlerde en sık yapılan kardiyak ameliyatı oluşturmaktadır (3). Kardiovasküler cerrahi; KABG, kalp kapak tamiri ve replasmanı, aort cerrahisi, kalp nakli ve konjenital kalp defektlerinin cerrahi onarımı gibi cerrahileride kapsamaktadır. Tüm bu cerrahilerde, ölüm veya majör komplikasyon oranını anestezi uygulayan uzmanların tecrübesine göre belirgin şekilde değiştiği gözlemlenmiştir (4). Bu nedenle anestezik yaklaşımalar önem kazanmaktadır.

### 2.Preanestezik Değerlendirme

Kalp cerrahisi geçirecek hastaların preoperatif değerlendirilmesinin hedefi, cerrahi sırasında ve sonrasında mortalite ve morbitideyi etkileyen risk faktörleri saptayıp bu riskleri en aza indirmek için kişiye özel bakım planlarının geliştirilmesini sağlamaktır. Hastaların anestezi öncesinde ayrıntılı bir öykü alınması ve fizik muayene yapılması önemlidir. Periferik ve santral venöz kateterler için venöz erişim kolaylığı, invaziv arteriyel basınç izleme için periferik arter atımları, son dönem böbrek yetmezliği olan hastalarda fonksiyonel arteriyovenöz fistül varlığı, endotrakeal entübasyonu gerçekleştirmek için uygun ekipman ve

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## 10.Sonuç

Kardiyovasküler cerrahisi, mobidite ve mortalitesi yüksek olan pek çok parametrenin birlikte değerlendirilmesini gerektiren majör bir cerrahıdır. Cerrahi sırasında manüplasyonlar sıkılıkla sirkülatuvar fonksiyonları bozduğundan; anestezist işlem sırasında tüm basamaklarını yakından takip etmek, her adımda bir sorun oluşabileceğini bilmek ve gerekli önlemleri almak durumundadır.

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