

BÖLÜM 22

Gebelikte Obstetrik Olmayan Cerrahi İşlemler



Emine Eda AKALIN¹

Giriş

Gebelikte obstetrik nedenle en sık uygulanan cerrahi işlem sezaryendir. Öte yandan, gebelikte obstetrik dışı nedenlerle yapılan cerrahi tedaviler nadir değildir. Obstetrik olmayan cerrahi işlemler gebeliklerin yaklaşık %1'ni komplike eder (1,2). Gebelikte en sık uygulanan obstetrik olmayan cerrahiler abdominal cerrahilerdir (1). Abdominal cerrahiler arasında en sık olanları ise apendektomi ve kolesistektomidir. Abdominal cerrahilerden sonra sık nedenler arasında ağız/diş cerrahisi, cilt/tırnak cerrahisi ve ortopedik cerrahiler bulunur. Daha nadir obstetrik olmayan cerrahiler ise kulak burun boğaz cerrahisi, perianal cerrahiler, meme cerrahisi ve kanser cerrahisidir (1).

Gebeliğin herhangi bir haftasında maternal veya fetal yarar göz önüne alınarak tıbbi gereklilik durumunda veya travma gibi acil durumlarda obstetrik nedenlere bağlı olmayan cerrahi girişimler yapılabilir. Travma cerrahisi ve acil ameliyatlarda hasta gebe olduğu için ertelenmemelidir. Elektif işlemler ise doğum sonrasına kadar ertelenebilir.

Gebe kadının cerrahi işlem öncesi dikkatli bir şekilde değerlendirilmesi, cerrahi işlem öncesi uygun hazırlık, anestezinin doğru yönetimi ve cerrahi işlem sonrası uygun bakım ile çoğu gebe obstetrik nedenlere bağlı olmayan cerrahi girişimleri güvenle geçirebilir. Gebelikte açık cerrahi prosedürler (laparotomi,

¹ Uzm. Dr., Behçeşehir Üniversitesi Tıp Fakültesi, Kadın Hastalıkları ve Doğum AD., edasyr@gmail.com.tr



ameliyatlara hasta gebe olduğu için ertelenmemelidir. Acil olmayan ancak gebelik sonrasında ertelenemeyecek cerrahi işlemler mümkünse gebeliğin ikinci trimesterinde yapılmalıdır. Elektif işlemler ise doğum sonrasında kadar ertelenebilir. Gebelikte cerrahi tedavilerin zamanlaması, hastanın preoperatif ve postoperatif takibi multidisipliner bir ekiple planlanmalıdır.

Kaynaklar

1. Balinskaite V, Bottle A, Sodhi V, et al. The Risk of Adverse Pregnancy Outcomes Following Nonobstetric Surgery During Pregnancy: Estimates From a Retrospective Cohort Study of 6.5 Million Pregnancies. *Annals of surgery*. 2017;266:260–266.
2. Rasmussen AS, Christiansen CF, Uldbjerg N, et al. Obstetric and non-obstetric surgery during pregnancy: A 20-year Danish population-based prevalence study. *BMJ Open*. 2019;9:e028136.
3. Fatum M, Rojansky N. Laparoscopic surgery during pregnancy. *Obstet Gynecol Surv*. 2001;56:50-59.
4. ACOG Committee Opinion No. 775: Nonobstetric Surgery During Pregnancy. *Obstet Gynecol*. 2019;133:e285-e286.
5. Pearl JP, Price RR, Tonkin AE, et al. SAGES guidelines for the use of laparoscopy during pregnancy. *Surg Endosc*. 2017;31:3767-3782.
6. Upadhyay A, Stanten S, Kazantsev G, et al. Laparoscopic management of a nonobstetric emergency in the third trimester of pregnancy. *Surg Endosc*. 2007;21:1344-1348.
7. Casey FE, Lau KN, Mesbah MC, et al. Use of laparoscopy for resolution of intussusception in the third trimester of pregnancy: a case report. *J Reprod Med*. 2009;54:712-714.
8. Roman H, Accoceberry M, Bolandard F, et al. Laparoscopic management of a ruptured benign dermoid cyst during advanced pregnancy. *J Minim Invasive Gynecol*. 2005;12:377-378.
9. McGoldrick E, Stewart F, Parker R, et al. Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth. *Cochrane Database Syst Rev*. 2020;12(12):CD004454. Published 2020 Dec 25.
10. Roberts D, Brown J, Medley N, et al. Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth. *Cochrane Database Syst Rev*. 2017;3(3):CD004454. Published 2017 Mar 21.
11. Crowther CA, Hiller JE, Doyle LW, Haslam RR; Australasian Collaborative Trial of Magnesium Sulphate (ACTOMg SO4) Collaborative Group. Effect of magnesium sulfate given for neuroprotection before preterm birth: a randomized controlled trial. *JAMA*. 2003;290:2669-2676.
12. Rouse DJ, Hirtz DG, Thom E, et al. A randomized, controlled trial of magnesium sulfate for the prevention of cerebral palsy. *N Engl J Med*. 2008;359:895-905.
13. Marret S, Marpeau L, Zupan-Simunek V, et al. Magnesium sulphate given before very-preterm birth to protect infant brain: the randomised controlled PREMAG trial. *BJOG*. 2007;114:310-318.
14. Marret S, Marpeau L, Follet-Bouhamed C, et al. Effect of magnesium sulphate on mortality and neurologic morbidity of the very-preterm newborn (of less than 33 weeks) with two-year neurological outcome: results of the prospective PREMAG trial. *Gynecol Obstet Fertil*. 2008;36:278-288.
15. Uemura K, McClaine RJ, de la Fuente SG, et al. Maternal insufflation during the second trimester equivalent produces hypercapnia, acidosis, and prolonged hypoxia in fetal sheep. *Anesthesiology*. 2004;101:1332-1338.
16. Hunter JG, Swanstrom L, Thornburg K. Carbon dioxide pneumoperitoneum induces fetal acidosis in a pregnant ewe model. *Surg Endosc*. 1995;9:272-279.



17. Barnard JM, Chaffin D, Droste S, et al. Fetal response to carbon dioxide pneumoperitoneum in the pregnant ewe. *Obstet Gynecol.* 1995;85:669-674.
18. Reedy MB, Källén B, Kuehl TJ. Laparoscopy during pregnancy: a study of five fetal outcome parameters with use of the Swedish Health Registry. *Am J Obstet Gynecol.* 1997;177:673-679.
19. Sachs A, Guglielminotti J, Miller R, et al. Risk Factors and Risk Stratification for Adverse Obstetrical Outcomes After Appendectomy or Cholecystectomy During Pregnancy. *JAMA Surg.* 2017;152:436-441.
20. Erekson EA, Brousseau EC, Dick-Biascoechea MA, et al. Maternal postoperative complications after nonobstetric antenatal surgery. *J Matern Fetal Neonatal Med.* 2012;25:2639-2644.
21. Lyass S, Pikarsky A, Eisenberg VH, et al. Is laparoscopic appendectomy safe in pregnant women?. *Surg Endosc.* 2001;15:377-379.
22. Lee SH, Lee JY, Choi YY, et al. Laparoscopic appendectomy versus open appendectomy for suspected appendicitis during pregnancy: a systematic review and updated meta-analysis. *BMC Surg.* 2019;19:41.
23. Andreoli M, Servakov M, Meyers P, et al. Laparoscopic surgery during pregnancy. *J Am Assoc Gynecol Laparosc.* 1999;6:229-233.
24. Stepp K, Falcone T. Laparoscopy in the second trimester of pregnancy. *Obstet Gynecol Clin North Am.* 2004;31:485-vii.
25. Levy T, Dicker D, Shalev J, et al. Laparoscopic unwinding of hyperstimulated ischaemic ovaries during the second trimester of pregnancy. *Hum Reprod.* 1995;10(6):1478-1480.
26. Yuen PM, Ng PS, Leung PL, et al. Outcome in laparoscopic management of persistent adnexal mass during the second trimester of pregnancy. *Surg Endosc.* 2004;18:1354-1357.
27. Upadhyay A, Stanten S, Kazantsev G, et al. Laparoscopic management of a nonobstetric emergency in the third trimester of pregnancy. *Surg Endosc.* 2007;21:1344-1348.
28. Mathevet P, Nessah K, Dargent D, et al. Laparoscopic management of adnexal masses in pregnancy: a case series. *Eur J Obstet Gynecol Reprod Biol.* 2003;108:217-222.
29. Melgrati L, Damiani A, Franzoni G, et al. Isobaric (gasless) laparoscopic myomectomy during pregnancy. *J Minim Invasive Gynecol.* 2005;12:379-381.
30. Huang SY, Lo PH, Liu WM, et al. Outcomes After Nonobstetric Surgery in Pregnant Patients: A Nationwide Study. *Mayo Clin Proc.* 2016;91:1166-1172.
31. Moore HB, Juarez-Colunga E, Bronsert M, et al. Effect of Pregnancy on Adverse Outcomes After General Surgery. *JAMA Surg.* 2015;150:637-643.
32. Silvestri MT, Pettker CM, Brousseau EC, et al. Morbidity of appendectomy and cholecystectomy in pregnant and nonpregnant women. *Obstet Gynecol.* 2011;118:1261-1270.
33. Abbasi N, Patenaude V, Abenhaim HA. Management and outcomes of acute appendicitis in pregnancy-population-based study of over 7000 cases. *BJOG.* 2014;121:1509-1514.
34. Steinbrook RA, Bhavani-Shankar K. Hemodynamics during laparoscopic surgery in pregnancy. *Anesth Analg.* 2001;93:1570-1571.
35. Fatum M, Rojansky N. Laparoscopic surgery during pregnancy. *Obstet Gynecol Surv.* 2001;56:50-59.
36. Affleck DG, Handrahan DL, Egger MJ, Price RR. The laparoscopic management of appendicitis and cholelithiasis during pregnancy. *Am J Surg.* 1999;178:523-529.
37. Fisher SC, Siag K, Howley MM, et al. Maternal surgery and anesthesia during pregnancy and risk of birth defects in the National Birth Defects Prevention Study, 1997-2011. *Birth Defects Res.* 2020;112:162-174.
38. Cohen-Kerem R, Railton C, Oren D, et al. Pregnancy outcome following non-obstetric surgical intervention. *Am J Surg.* 2005;190:467-473.
39. Aylin P, Bennett P, Bottle A, et al. Estimating the risk of adverse birth outcomes in pregnant women undergoing non-obstetric surgery using routinely collected NHS data: an observational study. Southampton (UK): NIHR Journals Library; October 2016.



40. Rasmussen AS, Christiansen CF, Ulrichsen SP, et al. Non-obstetric abdominal surgery during pregnancy and birth outcomes: A Danish registry-based cohort study. *Acta Obstet Gynecol Scand.* 2020;99:469-476.
41. Po' G, Olivieri C, Rose CH, Saccone G, et al. Intraoperative fetal heart monitoring for non-obstetric surgery: A systematic review. *Eur J Obstet Gynecol Reprod Biol.* 2019;238:12-19.
42. Bourgain C, Devroey P, Van Waesberghe L, et al. Effects of natural progesterone on the morphology of the endometrium in patients with primary ovarian failure. *Hum Reprod.* 1990;5:537-543.
43. Guyatt GH, Akl EA, Crowther M, Gutterman DD, Schuünemann HJ; American College of Chest Physicians Antithrombotic Therapy and Prevention of Thrombosis Panel. Executive summary: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. *Chest.* 2012;141(2 Suppl):7S-47S.
44. Mazze RI, Källén B. Appendectomy during pregnancy: a Swedish registry study of 778 cases. *Obstet Gynecol.* 1991;77(6):835-840.