Bölüm 21

REJYONEL ANESTEZİDEKİ ANTİKOAGULAN İLAÇ KULLANIMI

ERDİNÇ KOCA[1]

GİRİŞ

Anestezide rejyonel teknikler önemli bir yer kaplamaktadır. Artan teknolojik gelişmelerle bu tekniklerin uygulanması daha da artmıştır. Bu alanda ultrasonografi kullanımı ve ultrasonografi uyumlu rejyonel blok iğneleri sayesinde komplikasyon riski azalmaktadır. Bu gelişmelerle beraber hastaların kullandıkları yeni jenerasyon antikoagulan ilaçlar da artmaktadır. Antikoagulan ilaç kullanan hastalarda rejyonel tekniklerin yapılabilirliği ile ilgili rehberler oluşturulmaktadır. Birçok dernek ve kuruluş rehberler yayınlamasına rağmen ortak bir konsensus oluşturulamamıştır. Tüm dünyada artan rejyonel blok uygulamalarına bağlı ortaya çıkan en ciddi komplikasyonlar kanamaya bağlı ölümler veya kalıcı motor kayıpların oluşmasıdır. Yeni jenerasyon antikoagulan ilaçların etki mekanizmaları, etki süreleri kullanım dozları önemlidir. Bu ilaçların rejyonel blok öncesi kesilme ve rejyonel bloktan sonra başlanma süreleri önem arz eder. Komplikasyonların engellenmesi için postoperatif hastanın takibi iyi yapılmalı ve oluşabilecek nörolojik hasarlara karşı hazırlıklı olunmalı ve acilen müdahale edilmelidir. Günümüzde ağrı polikliniklerine başvuran ve rejyonel müdahale gerektiren hastaların %25'inin antitrombotik tedavi aldıkları tespit edilmiştir (1).Bu durum oluşabilecek komplikasyonlar için risk oluşturmaktadır. Rejyonel girişim sonrası ortaya çıkabilen en ciddi komplikasyonlar spinal hematom ve kalıcı nörolojik hasardır. Spinal hematom sonrası iskemi, parapleji, spinal kord basısı gelişebilir. Yapılan çalışmalarda spinal anestezi sonrasında spinal hematom gelişme riski 1/220.000 iken epidural anestezide bu oran 1/150.000'dir (2).

Cook ve ark. yaptıkları çalışmada 707.405 hastayı incelemişler ve epidural hematom gelişme oranının 1:88000, intratekal hematom oranını 1:140000 olarak hesaplamışlardır (3).Spinal kanalda kanamalar epidural alanda görülür. Bu alan venöz pleksüsten zengindir. Bunun yanında iğne boyutu ve kateter yerleşimi gibi uygulamalar hematom gelişme riski açısından önemlidir (4,5). Preoperatif dö-

[1] Malatya Eğitim ve Araştırma Hastanesi Anesteziyoloji ve Reanimasyon Kliniği

DR; düşük risk, OR; orta risk, YR; yüksek risk, ACT, aktive pıhtılaşma süresi;aPTT, aktive parsiyel tromboplastin zamanı, ECT, ekarin pıhtılaşma süresi; INR, uluslararası normalleştirilmiş oran;i.v. intravenöz olarak;NSAID'ler, steroidal olmayan anti-enflamatuar ilaçlar;s.c. deri altına, SSRI; serotonin geri alım inhibitörleri, TIA; tarnsi skemik atak,MI; myokard infarktüsü,CABG; koroner arter bypass greft) KE; kontrendikasyon yok

Sonuç

Yapılan birçok çalışma olmasına rağmen ilaçların kesilme zamanları netlik kazanmamıştır. İlacın kesilmesine bağlı gelişebilecek serebrovasküler, kardiyak hastalıklar, tromboemboli ilacın kesilmesinde hassas bir denge gerekliliği doğurur. Diğer yandan genel anestezi riski yüksek olan hastalarda rejyonel tekniklerin kullanımı sonrasında gelişebilecek geri dönüşümsüz komplikasyonlar anestezistleri korkutmaktadır. Bundan dolayı ilacın kesilmesi ve tekrar başlanması hassas bir denge içinde olmalıdır.

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