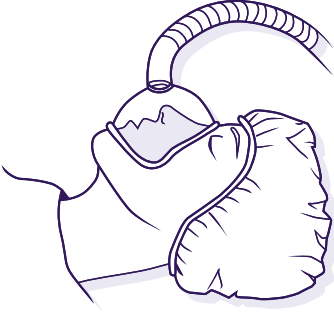


YÜKSEK AKIŞLI NAZAL KANÜL OKSİJENİZASYON TEDAVİSİNİN YOĞUN BAKIM ÜNİTESİ VE AMELİYATHANEDE KULLANIMI



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GİRİŞ

Akut hipoksemik solunum yetersizliğinde solunum desteğinin amacı en hızlı şekilde uygun ventilasyon ve yeterli oksijenizasyonu sağlamak olmalıdır. Oksijenizasyon stratejilerinde amaç akciğeri hasardan koruyarak inspiratuar kasları rahatlatmaktır (1). Çünkü solunum yetersizliği kısır döngü oluşturarak akciğer hasarının artmasına neden olmaktadır (2). 1967’de “akut solunum sıkıntısı” tıbbi literatürde ilk kez tanımlandı ve rapor edildi (3) ve pozitif soluk sonu basıncının (PEEP) oksijenasyonu iyileştirmede etkili olduğu kabul edildi. O zamandan beri, iyi bilinen yan etkileri olmasına rağmen, endotrakeal tüp (invaziv ventilasyon) ile mekanik ventilasyon şüphesiz birçok hastayı kurtardı. Nazal kanül, yüz maskesi ve rezervuarlı maske gibi yavaş akımlı konvansiyonel yöntemler oksijenizasyonu sağlamada ilk sıradadır. Ancak bu yöntemlerle inspire edilen oksijen fraksiyonu (FiO_2) kısıtlı ve mukosilyer klerensi bozan kuru hava nedeniyle hasta konforu iyi değildir. Doksanlı yıllarda non-invaziv mekanik ventilasyonun (NIMV) akut hiperkapnik solunum yetersizliği tedavisinde kullanımı artmış, Kronik Obstrüktif Akciğer Hastalığı (KOAH) alevlenme ve kardiyojenik pulmoner ödeme bağlı solunum yetersizliğinin tedavisindeki önemi kanıtlanmıştır. Ancak akut hipoksemik solunum yetersizliği tedavisindeki başarısı hala yeterli değildir. NIMV; gaz değişimini iyileştirir, pozitif basınç sayesinde inspiratuar eforu azaltır. Ancak tedavi başarısında hasta tarafından

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