

Bölüm 30

ÜRİNER İNKONTİNANS

Çağdaş DEMİROĞLU¹

Cenk SOYSAL²

GİRİŞ

Üriner inkontinans, idrarın istemsiz ve kontrol dışı dışarı sızması, oldukça sık görülen fakat çok önemsenmeyen bir durumdur (1-4). Bu şikayete sahip kadınların yaklaşık yarısı bu durumu önemsememektedir ve bu semptomu gerçekten yaşayanların yaklaşık %25-61'i bu semptomlar için çare aramaktadır (4-7). Hastaların büyük kısmı belkide utanmaktan, bu semptomlar konusunda bilgisizlikten, tedavi seçeneklerinin bilmediklerinden yada cerrahiden korktuklarından dolayı bu semptomları başkalarıyla paylaşmak konusunda isteksizdirler.

GÜNLÜK YAŞAMA ETKİSİ

Üriner inkontinans artmış mortaliteyle ilgisi yoktur (8). Fakat hastaların hayatlarının birçok farklı yönünün etkileyebilmektedir.

Hayat Kalitesi - Üriner inkontinans depresyon, anksiyete, çalışma başarısındaki düşüklük ve sosyal izolasyonla yakın ilişkilidir (9-14). Üriner inkontinans, bakım evinde yaşayanların yanı sıra bağımsız yaşayanların yaşam kalitesini olumsuz yönde etkiler (15)

Seksüel Disfonksiyon - Tüm inkontinanslı bireylerin üçte biri kadarını etkileyebilecek olan cinsel aktivite sırasındaki inkontinans (koital inkontinans) ve cinsel aktivite sırasındaki inkontinans korkusu, inkontinansla ilişkili cinsel işlev bozukluğuna neden olmaktadır (16-18). Urgency inkontinansla yapılan çalışmalarda koital inkontinans olmasa ile dahi seksüel disfonksiyon açısından daha kötü sonuçlar alınmıştır (19,20).

Morbidite - Medikal nedenlerle üriner inkontinans gelişebilmektedir. Perineal enfeksiyonlar ve düşmelere bağlı oluşan kırıklar en sık medikal sebepler olarak görülmektedir (21,22). Yaşlı kadınlarda yapılan çalışmalarda üriner semptomları olmayan kadınlara göre urge inkontinansı yada başka bir üriner semptomu olan kadınların 1.5-2.3 kat daha fazla düşme olayı yaşadıkları görülmüştür. Bu düşmelere bağlı kemik kırıkları hastalarda birçok medikal problemi beraberinde getirdiği gözlenmiştir (22,23).

1 Uzman Doktor, Şanlıurfa E.A.H KHD ABD, cagdasdemiroglu@gmail.com

2 Dr. Öğretim Üyesi, Kütahya Sağlık Bilimleri Üniversitesi Evliya Çelebi E.A.H. KHD ABD, cenk.soysal@ksbu.edu.tr

gerektirmektedir. Azalmış detrusör aktivitesi nedeniyle inkontinans yaşayan hastalarda tedavi seçenekleri kısıtlıdır. Kullanılan medikasyona bağlı oluşan inkontinansa medikal tedavinin değişimi yeterli olacaktır. Sakral sinir uyarımı yöntemi bir kısım hastada yarar sağlayabilmektedir (178-180). Bu tedavinin dışında temiz intermittant kateterizasyon diğer tedavilerin iş yaramadığı hastalarda kullanılmaktadır. Kronik üriner retasyonda ise tedavi seçenekleri çok daha kısıtlıdır. Temiz aralıklı kateterizasyon bu tip hastaların genelinde kullanılmakta olan yöntemdir. Kronik transüretal kateterizasyon hastalar açısından uygun olmayan bir seçenek olup bu tip hastalarda suprapubik kateterizasyon yada üriner diversiyon seçenekleri seçilebilir

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