Bölüm
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ERİŞKİN HASTALARDA ÜROLOJİK ROBOTİK CERRAHİ

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GİRİŞ

Binder ve Vallencien'in 2000' li yılların başlarında prostat kanseri olan hastalarda ilk kez Da Vinci robotik cerrahi sistemlerini kullanmalarının ardından robotik cerrahi üroloji alanında günden güne artan oranlarda kullanım yeri bulmuştur (1). Sonraki dönemlerde minimal invaziv cerrahinin daha da ön plana çıkmasıyla, robotik cerrahi sağladığı birçok avantajla maliyet dezavantajına rağmen daha sık uygulanır hale gelmiştir.

ROBOTİK RADİKAL PROSTATEKTOMİ

Klinik olarak lokalize prostat kanseri tedavisinde açık, laparoskopik ve robotik radikal prostatektomi ameliyatları uygulanmaktadır. Altın standart olan açık radikal prostatektomiye alternatif olarak laparoskopik ve robotik tekniklere yönelim ürologlar arasında hızla artmaktadır. Robotik cerrahide; 3 boyutlu görüntü olması, el hareketlerini taklit edebilmesi, peroperatif kanamanın daha az olması, hastanın günlük yaşamına daha hızlı dönmesi ve operasyon sonrası ağrının daha az olması gibi avantajların bulunması cerrahların tercihinde önemli rol oynamaktadır (2). Böylelikle laparoskopinin iki boyutlu görüntü ve hareket kısıtlılığı gibi sınırlılıkları da giderilmiş olmaktadır.

Hasta hazırlığında; hastanın komorbiditesi, daha önce geçirmiş olduğu ameliyatlar sorgulanmalıdır. Hastanın pnömoperitonyum ve Trendelenburg pozisyonuna uygun olup olmadığı değerlendirilmeli, gerekli branş konsültasyonları tamamlanmalıdır. Hastaya bu operasyonun robot tarafından yapılmayacağı, robotu kumanda edenin cerrah olduğu, kullanılan yöntemden ziyade operasyonu uygulayanın tecrübesinin daha önemli olduğu anlatılmalı, hastaların robotik cerrahi sonrası gereksiz beklentiye girmemesi sağlanmalıdır.

Hastanın Ameliyat Pozisyonu

Başarılı bir cerrahi için en önemli unsurlardan birisi de hastanın doğru pozisyonda olmasıdır. Hasta en az 30 derece Trendelenburg pozisyonuna alınmalı, solunumu etkilemeyecek şekilde göğüs bölgesinden uzun sargı bezleriyle sarılarak masaya sabitlenmeli ve kayması engellenmelidir (Şekil 1). Hastanın bacakları S ve Si modellerinde hafif litotomi pozisyonunda olmalı iken Xi modelinde prone pozisyonda da olabilmektedir ve bası lezyonlarını önlemek için uyluk ve bacak bölgesi silikon yastıklar ile

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