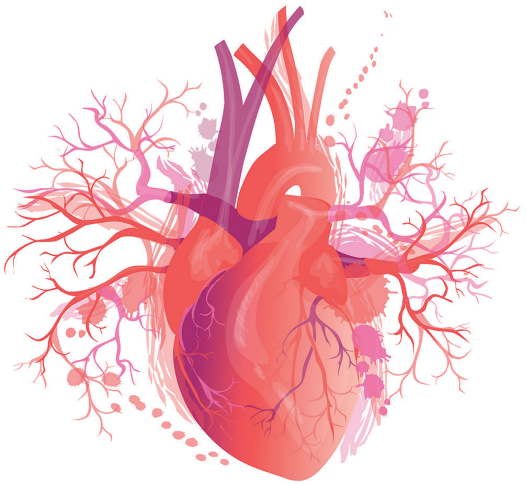

BÖLÜM 25

KORONER ARTER BYPASS CERRAHİSİ

Şenel ALTUN[1]

GİRİŞ

Koroner arter bypass cerrahisi kalp cerrahisi literatürlerinde en sık yapılan operasyon olarak yer almaktadır. Günümüzde gelişen teknoloji sayesinde erken tanı ve medikal tedavinin yaygınlaşması mümkün olmuş, gelişen revaskülarizasyon teknikleri sayesinde koroner arter hastalığı (KAH) ile ilişkili mortalite oranları azalmıştır (1).Koroner arter baypas greft cerrahisi (KABC), başta çok damar hastaları olmak üzere birçok hastada 'revaskülarizasyonun altın standardı' olma özelliğini devam ettirmektedir (2).KABC ile perkütan revaskülarizasyon tekniklerini karşılaştıran büyük çalışmaların yayınlanmasını takiben Avrupa Kardiyoloji Derneği (ESC) (3) ve American Kalp Cemiyeti (AHA) (4) kılavuzlarını yenilemişlerdir.

KORONER ARTER BAYPAS CERRAHİSİ ENDİKASYONLARI

Hastaya uygulanacak revaskülarizasyon yöntemi kararı kardiyologlar ve cerrahlardan oluşan bir ekip tarafından verilmelidir (3,4). Ekip karar verirken Göğüs Cerrahisi Derneği klavuzlarını ve SYNTAX skorlarını dikkate almalıdır.Çok damar hastalarında KABC ile paklitaksel salınımlı stenti karşılaştıran SYNTAX çalışmasında orta-yüksek skorlu olan hastalarda KABC sınıf 1 öneri olarak yer almaktadır (4,5).Çalışmanın dört yıllık sonuçları bu hasta grubunda peruktan koroner girişim (PKG) 'in KABC e oranla daha yüksek mortalite ile birlikte olduğunu göstermiş, çok damar hastalarında KABC'nin üstünlüğü vurgulanmıştır (6). Bununla birlikte yüksek ameliyat mortalitesine sahip olan, skoru düşük olan hasta grupları için PKG'nin cerrahiye alternatif olabileceği hatırlanmalıdır (5,7).

Cerrahi girişimin en önemli amacı miyokardiyal iskeminin ve günlük hayatı kısıtlayıcı angina'nın giderilmesidir. Koroner arter baypas cerrahisi endikasyonları şunlardır :

1. Medikal veya invaziv tedavi ile giderilemeyen anjina**:**
2. Kararsız angına durumu
3. Sol ana koroner hastalığı (>%50): Geniş bir miyokard hasarına neden olma ihtimalinden dolayı sol ana koroner darlıkları çok önemlidir.

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