Akalazya Hastalarında Anestezi Yönetimi

5. BÖLÜM

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OLGU

Ek hastalıkları olmayan ve herhangi bir şikayet tanımlamayan 42 yaşında erkek hasta kolesistektomi ameliyatı için anestezi polikliniğine başvurdu. Yapılan preoperatif değerlendirmede fizik muayenede solunum ve kalp seslerinde anormal bulgu yoktu. Laboratuvar tetkikleri, elektrokardiyografi (EKG) incelemesi, posteroanterior (PA) akciğer grafisi normal olarak değerlendirildi. Hava yolu değerlendirmesinde Mallampati skoru I olarak değerlendirildi. Tiromental mesafesi yaklaşık 6 cm ölçüldü ve boyun hareketleri olağandı. Diş kayıpları ve çürükleri mevcut değildi. Sürekli gastroözofagial reflü nedeniyle mide ilaçları kullandığı öğrenildi. Hastanın 8 saatlik açlık süresi tamamlandıktan sonra kolesistektomi operasyonu için hazırlandı. Ameliyatheneye alınan hastaya rutin monitörizasyon yapıldı (EKG, noninvaziv kan basıncı (KB), pulse oksimetre), noninvaziv KB: 100/60 mmHg, kalp atım hızı (KAH): 98 atım dk^{-1}, periferik oksijen satürasyonu (SpO_2): %98 (oda havasında), vücut ısısı: 36.4 C idi.

İdame sıvı tedavisi için serum fizyolojik (%0.9 NaCl) tercih edildi. %100 oksijen ile 3 dk preoksijenizasyon sonrası 1 μg kg^{-1} fentanil, 2 mg kg^{-1} propofol yapıldı. Hastanın spontan solunumunun durması doğrulandıktan sonra yüz maskesi ile asiste ventilasyon başlatıldı, ardından 0.6 mg kg^{-1} roküronyum uygulanarak maske ventilasyona devam edildi. Hastada laringoskopi sırasında posterior orofarenkste bir tükürük havuzu gözlendi. Aspire edilip işleme devam edildi. Endotrakeal tüp takılırken hasta kustu. İçeriğinde katı gıdalarda mevcuttu. Hızlıca endotrakeal tüp kafı şişirildi, ağız içi ve tüp içi aspirasyonu yapıldı. Endotrakeal tüpten az miktarda sulu kusmuk aspire edildi. Trendelenburg pozisyonuna alındı. Proton pompa inhibitörü yapıldı. Nazogastrik sonda takıldı mide içeriği aspire edildi. İçerikte katı gıdalar mevcuttu. SpO_2 değerinde düşüş olmayan hastanın akciğerlerde dinlemekle hafif raller mevcuttu. Akşam takip eden hemşireye ve

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SONUÇ

Sonuç olarak preoperatif muayenede ayrıntılı bir disfaji, katı ve sıvı regürjitasyonu öyküsü akalazya varlığını saptamak ve tanı konmamış akalazya nedeniyle beklenmeyen aspirasyonu önlemek için gerekli ve pratiktir. Ek olarak, göğüs röntgeni ve göğüs BT'sinde akalazyaya özgü bulguları kontrol etme alışkanlığı kazanmak, beklenmedik aspirasyon oluşumunu azaltabilir. Özofagus akalazyası genel anestezi dikkatli yapılsa dahi yüksek aspirasyon pnömonisi riski ile ilişkilidir.

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