

BÖLÜM 4

COVID-19'LU YOĞUN BAKIM HASTALARINDA TRAKEOSTOMİ



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1. GİRİŞ

COVID-19 pandemisi ile birlikte yoğun bakım ihtiyacı olan hasta sayısı, hastaların endotrakeal entübasyon ve mekanik ventilasyon ihtiyaçları artmıştır (1). COVID-19 hastalığının yoğun bakım seyri uzun, morbidite ve mortalitesi yüksektir (2). Yoğun bakım hastalarında endotrakeal entübasyon desteğinin uzaması vokal kord paralizi, larenks hasarı, trakeomalezi, glottik/subglottik stenoz gibi komplikasyonlara neden olmaktadır (3). Endotrakeal entübasyon komplikasyonlarını ve ölü boşluk hacmini azaltmak; sekresyonların atılmasını, ekstübasyonu ve uzun süreli mekanik ventilasyon desteğini kolaylaştırmak, yoğun bakım sürecini kısaltmak için uygun hastalarda trakeostomi açılması yararlıdır (4). Trakeostomi açılması bulaş açısından riskli girişimlerdenidir. COVID-19'lu hastalarda trakeostominin ne zaman, nasıl ve ne tür önlemler alınarak gerçekleştirileceği ile ilgili rehberlere ihtiyaç duyulmaktadır.

Bu bölümde; yoğun bakımda COVID-19'lu hastalarda trakeostomi açılması için uygun zamanlama, önerilen yöntemler ve koruyucu yaklaşımlar anlatılacaktır.

2. PERKÜTAN TRAKEOSTOMİ

Perkütan trakeostomi (PT) veya perkütan dilatasyonel trakeostomi (PDT), modifiye Seldinger tekniği kullanılarak gerçekleştirilen trakeostomi yöntemi ifade etmektedir (5). PT, cerrahi trakeostomiye (CT) göre yatak başı uygulanabilmesi, ameliyathaneye transfer gerektirmemesi, daha kısa sürede uygulanabilmesi, daha az travmatize edici olması, daha az komplikasyon oranlarına sahip olması, yara yeri enfeksiyonunun daha az görülmesi ve daha iyi kozme-

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lom formasyonu, trakea stenozu, trakeomalazi, trakeoözefageal fistül oluşumu trakeostomi komplikasyonlarıdır (4). Girişim sonrası direkt akciğer grafisi ile değerlendirme yapılabilir. Pnömomediastinum direkt akciğer grafisinde görülmeyebilir, şüphe varsa ve hasta stabilse toraks bilgisayarlı tomografi ile değerlendirilebilir. Bronkoskopi ve USG eşliğinde yapılan işlemlerde komplikasyonlar daha az görülür (5,29,30).

6. SONUÇ

Uzun süreli mekanik ventilatör desteği ihtiyacı olan hastalarda trakeostomi sıklıkla gerekir. COVID-19'lu hastalarda trakeostomi endikasyonu ve zamanlaması belirlenirken, hasta bireysel olarak ele alınmalı ve hastalığının seyri göz önünde bulundurulmalıdır. COVID-19'lu yoğun bakım hastalarında öncelikle PT düşünülebilir. Hastanın klinik durumu ve ihtiyaçları, anatomisi; uygulayıcının tecrübesi, hastane koşulları ve ekipman durumu birlikte değerlendirilerek en uygun yönetime karar verilmesi yerinde olacaktır. Girişimi yapacak kişinin deneyimli olduğu yöntemi tercih etmesi, en tecrübeli ve en az kişi sayısı ile işlemin gerçekleştirilmesi önemlidir.

COVID-19'lu yoğun bakım hastalarında trakeostomi açılmasında en önemli farklılıkların kişisel koruyucu ekipman kullanımına dikkat etmek ve damlacık yayılımını en az seviyede tutacak yaklaşımlar benimsemek olduğu söylenebilir.

Trakeostomi hazırlıkları ve uygulama basamaklarını pratik hale getirmek, bulaş dahil komplikasyonları minimize etmek için kontrol listeleri hazırlanması önerilir.

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