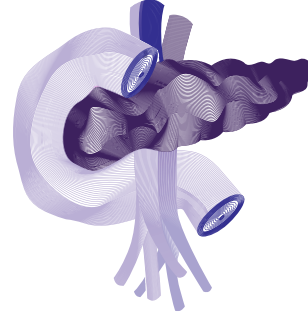


Bölüm 30

Pankreas Cerrahisi Sonrası Gastrik Disfonksiyon Yönetimi



Necip Tolga BARAN¹

Giriş

Mide disfonksiyonu ya da diğer tabiriyle gecikmiş mide boşalması, midenin mekanik obstrüksiyon olmadan yetersiz nörohumoral aktiviteler neticesinde fonksiyonunu kaybetmesidir(1-6). Gastrik disfonksiyon, dahili ve cerrahi hastalıklara sekonder olarak görülebilmektedir. Dahili hastalıklar arasında etiolojide en sık neden diabetes mellitustur. Ancak böbrek hastalıkları, nörolojik hastalıklar, bağ dokusu hastalıkları, ilaç yan etkileri de diğer dahili nedenler arasındadır(7-9). Cerrahi operasyonlardan sonra özellikle pankreas cerrahisi başta olmak üzere üst gastrointestinal sistem cerrahilerinde gastrik disfonksiyon sıklıkla görülmektedir. Pankreas sağ kısmının cerrahilerinde özellikle duodenum rezeksiyonu gereken durumlarda insidansı daha sıktır. Pankretikoduodenektomilerden sonra insidansı %14 -%61 olmakla birlikte en sık bildirilen ikinci komplikasyondur(10,11).

Gecikmiş mide boşalması çoğunlukla konservatif yaklaşımlarla ve medikal tedaviler ile kendini sınırlama eğilimde olsa da, dikkate değer ölçüde hastanede kalış süresinin uzatmakta, ciddi malnütrisyonlara dolayısıyla malignite nökslerine ve beklenen yaşam sürelerinde azalmaya neden olmaktadır(12). Tüm bu ciddi morbiditeler nedeniyle gecikmiş mide boşalmasını klinik olarak tanımak ve sınıflandırarak tedavisinde dikkat edilmesi gereken noktalar oldukça önemlidir.

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bu sekonder etkileri bu problemin ne kadar önemli olduğunu anlatmak için yeterlidir. Günümüze kadar bu komplikasyonun azaltılması için çeşitli cerrahi teknikler denenmiş ancak henüz net şekilde birinin diğerine üstünlüğü kanıtlanamamıştır. Bu komplikasyonun önlenmesi ve tedavisi açısından daha çok çalışmanın yapılması gerekmektedir.

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