

BÖLÜM 31



Uyku Apne Sendromunda Kulak Burun Boğaz Cerrahisi

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TANIM

Obstrüktif Uyku Apnesi Sendromu (OUAS) üst hava yolunda sebebi bilinmeyen şekilde faringeal kollapslarla seyreden; apne, hipopne ve arousallar sonucunda epizodik olarak oksihemoglobin düşüşüne sebep olan bir hastalıktır. Hastaların başvuru şikayetlerinde gündüz aşırı uyku hali, konsantrasyon ve hafıza bozukluğu gibi semptomlar olabilir. Ana semptom ise horlamadır. (1)

HASTA SEÇİMİ

OUAS tedavisinde halen altın standart tedavi pozitif hava yolu basıncı (positive airway pressure (PAP)) cihazları ile yapılan tedavilerdir. Bu nedenle tüm hastaların öncelikle bu konuda yeterince bilgilendirilmesi gerekmektedir. PAP tedavisini kabul etmeyen, PAP tedavisini tolere edemeyen ve bu nedenle yeterli tedavi alamayan ve PAP tedavisini engelleyecek anatomik üst solunum yolu anormalliği olan hastalarda uyku cerrahisi düşünülmelidir (2).

Cerrahi kararının verilmesinde dikkate alınacak en önemli iki parametre apne hipopne indeksi (AHI) ve vücut kütle indeksi (BMI)'dir.

- BMI < 40 olan hastalar, eğer yeterli bilgi verilmesine rağmen PAP tedavisini kabul etmiyorsa veya PAP tedavisini anatomik anormallikler nedeniyle yeterince kullanamıyorsa mutlaka uyku cerrahisi tarafından değerlendirilmelidir.
- BMI > 40 olan hastalarda hastalar bariatrik cerrahi değerlendirilmesi için yönlendirilmelidir.

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edilir; 4-5 mm öne ekspansiyon sağlandıktan sonra vidalama ile dentoalveolar ark da yeniden oluşturularak sabitlenir.

Postoperatif dönemde pansuman ve beslenme desteği önemlidir. Kanama, hava yolu ödemi, nekroz ve osteomyelit, maloklüzyon, parestezi gibi önemli komplikasyonlar gözlenebilen bir cerrahidir. (51,52)

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