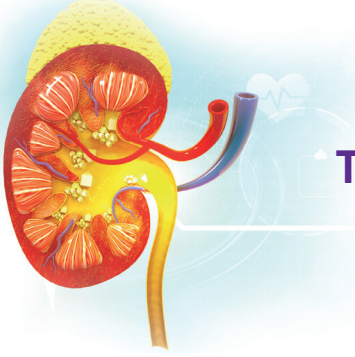


BÖLÜM 7



ÜRİNER SİSTEM TAŞ HASTALIĞI CERRAHİ TEDAVİSİNDE MİNİMAL İNVAZİV YAKLAŞIMLAR II: PERKÜTAN TAŞ CERRAHİSİ

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GİRİŞ

Üriner sistem taşlarının tedavisinde açık cerrahi yaklaşımlar yakın geçmişte kadar altın standart olarak kabul edilmekteydi. Böbreğe perkütan yolla akses oluşturularak obstrükte sistemden idrar drenajı ilk defa Goodwin ve ark. tarafından 1955 yılında yapılmıştır (1). Böbrek taşının perkütan yolla çıkarılmasını ise ilk defa 1976 yılında Fernstrom ve Johansson gerçekleştirip günümüzdeki minimal invaziv yaklaşımlara öncülük etmişlerdir (2). Özellikle son dekatta tüm dünyada olan teknolojik ilerleme etkisini endoskopik cihaz ve tekniklerde de göstermiş, üriner sistem taş hastalığında minimal invaziv yaklaşımların popüler hale gelmesine neden olmuştur.

Perkütan nefrolitotomi (PNL), daha az morbidite ve kısa hastanede kalış süresi gibi avantajları olması nedeniyle büyük böbrek taşlarının tedavisinde açık cerrahinin yerini alarak günümüzde hem erişkin hem de pediatrik hastalarda standart girişim olarak uygulanmaktadır. PNL operasyonunda toplayıcı sisteme giriş için genellikle 24-30 F arası trakt dilatasyonu uygulanmaktadır. Fakat bu boyutlardaki trakt genişliği özellikle pediatrik hasta grubunda kanama gibi komplikasyonlarda artışa sebep olduğu için mini-PNL kavramı tanımlanmıştır. Güncel Avrupa Üroloji Birliği (EAU) kılavuzlarında 22 F'den küçük boyutlu trakttan uygulanan PNL operasyonu mini-PNL(MPNL) olarak kabul edilmiş-

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