

BÖLÜM 8



ÜRİNER SİSTEM TAŞ HASTALIĞI CERRAHİ TEDAVİSİNDE MİNİMAL İNVAZİV YAKLAŞIMLAR III: LAPAROSKOPİK VE ROBOTİK PROSEDÜRLER

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GİRİŞ

Üriner sistem taş hastalığında milattan öncesi dönemden günümüze kadar birçok tedavi seçeneği kullanılmıştır. Son 30 yıldaki teknolojik gelişmelerle birlikte açık cerrahinin yerini minimal invaziv cerrahiler almıştır. Bu yaklaşımların başında Extracorporeal Shock Wave Lithotripsi (ESWL), üreteroskopik litotripsi (URS), perkütan nefrolitotripsi (PNL) ve laparoskopik yaklaşımlar gelmektedir. Günümüzde üriner sistem taşlarının cerrahi tedavisinde açık cerrahi oranı % 1 düzeyine düşmüştür (1). Daha önceleri açık cerrahi ile çıkarılan büyük (>2 cm) üriner sistem taşları laparoskopik olarak da başarılı ve güvenli şekilde çıkarılmaktadır. Laparoskopik yaklaşım açık cerrahiye göre daha iyi kozmetik görünüm, daha az analjezi gereksinimi, daha kısa süre hospitalizasyon ve daha az iş gücü kaybı gibi avantajlara sahip iken belirli süre öğrenim ve ciddi tecrübe gerektirmektedir.

Avrupa Üroloji Birliğinin (EAU) 2022 kılavuzunda güçlü düzeyde önerdiği gibi üriner sistem taş cerrahi tedavisinde büyük böbrek taşlarında laparoskopik ve robotik cerrahi, endoürolojik girişimlerin ve ESWL'nin teknik olarak yetersiz kaldığı durumlarda veya ek böbrek anomalilerinin ve patolojilerinin olduğu du-

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