Bölüm
22

KARACİĞER NAKLİ ÖNCESİ HASTA HAZIRLIĞI VE AMELİYAT SONRASI BAKIM

Sinan ARICI[26]

PREOPERATİF DEĞERLENDİRME VE HASTA SEÇİMİ

Hasta için transplantasyon kararı alındıktan sonra yapılacak operasyonun başarılı olabilmesi için öncelikle iyi bir anamnez ve fizik muayene yapılmalıdır. Karaciğer sirozu gibi sadece karaciğere sınırlı olmayıp sistemik tutulumu olan hastalıklar göz önünde bulundurularak hastanın kardiyopulmoner ve renal fonksiyonları, enfeksiyon durumu dikkatli bir şekilde incelenmesi gerekmektedir. Karaciğer nakline sebep olan altta yatan hastalığın veya ameliyat başarısını etkileyecek hastalıkların transplantasyona kadar olan süreçte tedavisi yapılmalı, kontrol altın alınmalı ve hastanın transplantasyon açısından uygun olup olmadığı incelenmelidir(1).

Günümüzde hangi hastanın karaciğer naklinden fayda göreceğinin saptanmasında ve hastaların nakil için listelenmesinde MELD (model of end stage liver disease) skoru kullanılmaktadır (2,3). MELD skoru INR, bilirubin ve kreatinin düzeyleri girilerek matematiksel formülle elde edilmektedir. MELD skorunun 15' in altında olduğu hastalarda karaciğer nakli hastanın yaşam süresini uzatmada başarılı değildir. MELD skoru >25 olduğunda haftalık, 19-24 arasında aylık, 11-18 arasında 3 aylık dönemlerde ve <10 olduğunda yıllık olacak şekilde hasta tekrar değerlendirilmelidir. (4)

MELD skorundaki sınırlamalardan dolayı klinik kullanımı açısından modifikasyonların yapılması önerilmiştir (5-8). Hiponatremi MELD skorundan bağımsız olarak yüksek ölüm riski ile ilişkili olduğu gösterilmiştir (9). Böylelikle modifiye puanlama sistemi MELD-Na skorunun karaciğer transplantasyon önceliği açısından daha geçerli olacağı önerilmiştir(5). Serum sodyum seviyelerinin laboratuvarlara göre değişiklik göstermesi ve manüplasyona açık olması MELD-Na ile ilgili endişeleri de beraberinde getirmiştir (10). Pratik kullanım açısından skor 40 ile sınırlandırılmıştır. Bunun sebebi 40 puanı olan bir hastada 3 ay içerisinde beklenen mortalite oranı %100 olmasıdır.

Preoperatif değerlendirmede saptanacak bir takım sorunların kontrol altına alınmasıyla hem peroperatif süreçte, hem de postoperatif süreçte yaşanabilecek riskler ve komplikasyonlar en aza indirilebilir.

Klinik Değerlendirme

Ameliyat hazırlığı yapılan hastanın ayrıntılı anamnezi alınır ve fizik muayenesi yapılır. Bu sayede hem hastalığın evresi hem de transplantasyon hazırlığı açısından kan tetkikleri yapılır. Hastanın yaşı, özellikle 65 yaş üzeri olması bazı merkezler tarafından transplantasyon açısından sınır yaş olarak belirlenmiştir. Laboratuvar tetkikleri olarak hemogram ve INR, biyokimyasal incelemeye ek olarak, tümör göstergeleri (AFP, CA 19-9, CA 15-3), protein elektroforezi ve otoiümmün hastalık açısından otoantikorlar bakılmalıdır (4).

[26] Uzman Doktor, TC. Sağlık Bakanlığı Sağlık Bilimleri Üniversitesi Bursa Yüksek İhtisas EAH Genel Cerrahi Kliniği sinan.arici@gmail.com

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