

HEPATOBİLİYER CERRAHİ ÖNCESİ VEYA SONRASI FİTOTERAPİ

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Geleneksel tıp insanoğlunun yaratılışıyla beraber bitkileri beslenme ve tedavi için kullanmaya başlaması ile nesiller arasında aktararak günümüze ulaşabilmiştir. Dünya Sağlık Örgütüne göre geleneksel tıp modern tıbbın gelişimi ve yayılışından önce var olmuş ve günümüzde halen kullanılan tedavi edici yöntemler olarak tanımlanmaktadır (1). Bitkilerin tedavi amaçlı kullanımı ile ilgili ilk yazılı belge Mezopotamya'da bulunan (M.Ö. 3000 yıllarına ait) Ninova tabletleridir. Yunan tıbbının önemli ismi ve modern tıbbın temelini atan Hipokrat'ın kitaplarında 400'e yakın bitkisel tedavi bulunmaktadır (2). 19. Yüzyıldan itibaren kimya bilimindeki gelişmelerle beraber bitkiler üzerinde yapılan analitik, farmakolojik ve toksikolojik çalışmalar ilaç sanayinin gelişimini hızlandırmıştır. Zira, modern tıpta kullanılan ilaçların üçte biri bitkisel kaynaklı üretim veya kopyalama yöntemi ile sentetik olarak üretilmektedir. Ancak, son yıllarda sentetik ilaçların sebep olduğu ciddi yan etkiler nedeniyle doğal yaşam ve bitkisel tedaviler tekrar popüler olmuştur (3).

Bitkisel ilaçlar bitkinin tamamının veya bir kısmının ham veya işlenmiş olarak tedavide kullanılması olarak tanımlanır. Bitkiler etkin biyoaktif maddeler taşırlar. Bu maddeler bitkinin direkt tüketilmesi ile veya bir taşıyıcı içerisinde kullanılabilir. Bir gıdanın biyoaktif olduğu düşünülen etken maddesinin konsantrasyonunda normal gıdadan sağlanandan çok daha

fazla dozlarda gıda olmayan bir taşıyıcı içerisinde tedaviye yardımcı olarak kullanılması haline nutrosötik olarak isimlendirilir (4). Bu ürünler birçok hastalığın önlenmesi, tedavisi veya tedaviye destek olarak halk arasında yaygın olmak üzere hekimler arasında da tedavilerde yer bulmaya başlamıştır. Dahili branşlarda daha yaygın kullanılmakla beraber antioksidan, anti-inflamatuvar ve koleretik özellikleri nedeniyle cerrahi sonrası iyileşmeyi hızlandırması amacıyla kullanılabilir. (5)

Bitkisel ilaçların çoğu modern ilaçlar gibi geniş kapsamlı randomize kontrollü çalışmalarda etki ve yan etkileri kanıtlanmamış ve standardize edilmemiştir. Etki, yan etki ve diğer tedaviler ile etkileşiminden emin olmadan önerilmemelidir. Cerrahi girişim planlanan hastalarda bazı bitkisel kaynaklı ilaçlar kanama riskinin artması, miyokard enfaktüsü, beyin kanaması veya anestezi ile etkileşime girmesi nedeniyle komplikasyonlara neden olabilir.

PERİOPERATİF RİSKLİ BİTKİLER

Bazı bitkisel ilaç tedavileri polifarmasi ve fizyolojik etkileri nedeniyle operasyon öncesi kullanılması morbidite ve mortaliteyi artırabilmektedir (5). Bazı hastalarda operasyon sırasında kalp krizi, beyin kanaması, kanama diatezi, organ rejeksiyonu, anestezi süresinin uzaması gibi birçok komplikasyon görülebilir. Şimdiye kadar bu grupta yer alan 8 bitkisel ilacın operasyon sırasında komplikasyonlara sebep olduğu kanı-

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