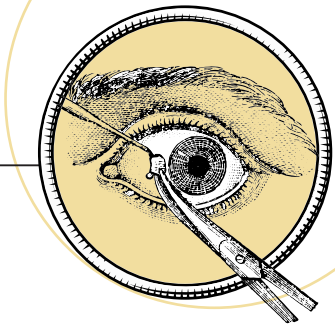

BÖLÜM 13

Şaşılık Cerrahisinde Planlama

Erdoğan YAŞAR[1]

GİRİŞ

Şaşılık cerrahisinde preoperatif olarak değerlendirme en önemli aşamayı oluşturmaktadır. Eğer iyi bir değerlendirilme yapılıp cerrahi hesaplama düzgün şekilde yapılırsa postoperatif dönemde sürpriz sonuçlarla karşılaşma ihtimali azalmaktadır. Mevcut cerrahi doz tabloları aslında sedece bir fikir vermektedir ve her hasta için kişisel özellikler dikkate alınarak cerrahi planı yapılmalıdır. Erişkinlerde limbustan lateral rektus (LR) kas için 12-15 mm ve medial rektus (MR) kas için de 11-12 mm yi geçen geriletmelerde, post-op haraket kısıtlılığı riski olduğu için cerrahi dozlarda dikkat edilmelidir. Sadece horizontal kayma değil A-V paternler ve oblik fonksiyonlar varlığı da muayene edilerek hesaba katılmalıdır ve muayenede özellikle patern kayma muayenesi uzak bakışta yapılmalıdır. Ölçümlerde Hirschberg ve Krimsky testi ile manifest kayma miktarı ölçülürken alternan prizma testi ile latent kayma miktarıda ortaya çıkarılmaktadır. Hirschberg testinde pupil kenarındaki ışık reflesi 15 derece ve 30 prizm diyoptri (PD), pupil ile limbus arasındaki refle 30 derece ve 45 PD kaymayı ve son olarak da limbusa düşen refle de 45 derece ve 60 PD civarında kayma olduğunu göstermektedir. Kornea merkezinde 1 mm lik uzaklaşma 7-8 derece kayma yaparken kornea periferinde bu deger 1 mm ye 5-6 derecedir. Prizma fiksasyon yapan gözün önüne konulursa Krimsky testinin adı modifiye Krimsky testi olmaktadır ve komitan şaşılıklarda cerrahiyi etkilememektedir. Cerrahi sonrası da rezeksiyon etkisinin erkenden fazla miktarda çıkması ve ge-

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