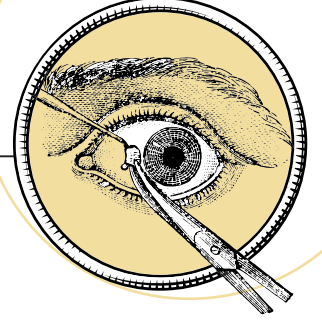


BÖLÜM 14

Şaşılık Cerrahisi ve Komplikasyonların Yönetimi



Müjdat KARABULUT¹

Şaşılık cerrahisi planlanan bir hastanın cerrahi öncesi, cerrahi esnasında ve sonrasında muayenesi oldukça önemlidir. Hasta öyküsüyle başlayan tam oftalmolojik muayene inspeksiyon, refraksiyon muayenesi, kayma tipinin ve miktarının belirlenmesi, detaylı ön ve arka segment bakılarını içerir. Sonrasında yapılacak cerrahiye karar verilir. Cerrahide temel prensip fazla çalışan kasları zayıflatmak, az çalışan kasları güçlendirmek, çalışmayan kasları mümkün olabildiğince diğer fonksiyonel kaslarla desteklemektir.

1. Konjonktival İnsizyon Teknikleri

Konjonktival insizyon, şaşılık cerrahisinde yara iyileşmesinin hızlanması ve skar oluşumunun en aza indirilmesi, hastanın rahatsızlık hissini azaltılması, cerraha iyi bir görüş alanı sağlaması açısından çok büyük öneme sahiptir.

Klasik olarak limbal ve forniks yaklaşımları ile konjonktiva açılır. İki yöntemin de birbirine göre avantajlı ve dezavantajlı yönleri vardır. Cerrahin tecrübesine göre farklılıklar göstermekle beraber ilk cerrahilerde genelde forniks yaklaşımının daha fazla kullanıldığı, reoperasyonlarda ve yeni başlayanlarda limbal yaklaşımın daha fazla kullanıldığı bildirilmiştir.

a. Limbal İnsizyon

Hemen limbus hizasından konjonktiva açılır. Özellikle reoperasyonlar ve komplike şaşılıklarda rektus kası ve çevresindeki yapıların daha iyi görünme-

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- Bu durumlarda soğuk kanlılığı korumak, ne kadar müdahale edip nerede durulması gerektiğini bilmek ve gerektiğinde yardım talep etmek, hem hekimin gelişimi hem de hastanın prognozu açısından önemlidir.

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