

# BÖLÜM 12

## Kanser Hastalarında Kabızlık Yönetimi

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### TANIM

Kabızlık barsak hareketlerinde yavaşlama, dışkılamada zorluk ve rahatsızlık ile seyreden ve sonuç olarak dışkılama sıklığında azalmaya yol açan (sıklıkla haftada 3'den az) klinik bir semptomdur(1). Roma-4 kriterlerine göre kabızlık tanımı son 6 ay içerisinde ortaya çıkan ve en az 3 ay boyunca devam eden, aşağıdaki semptomlardan en az 2'sinin varlığıdır(2):

- dışkılamanın %25'inden fazlasında barsak hareketlerinde zorlanma, ıkınma
- dışkılamanın %25'inden fazlasında yetersiz tahliye hissi
- dışkılamanın %25'inden fazlasında sert ve topaklı dışkı
- dışkılamanın %25'inden fazlasında anorektal tıkanıklık veya tıkanıklık hissi
- dışkı çıkarmak için manuel müdahale gerekliliği
- haftada 3'den az dışkılama sıklığı
- Laksatif kullanılmadan gevşek dışkının nadiren gözlenmesi
- İrritabl barsak sendromu kriterlerinin karşılanmaması

Kabızlık kanser hastalarında önemli bir morbidite sebebidir ve sıklıkla subjektiftir ve hastalar tarafından doğru bir şekilde ifade edilemez. Sonuç olarak genellikle, yeteri kadar tedavi edilememektedir. Kanser tedavisinde kullanılan kemoterapötikler ve ağrı tedavisinde kullanılan bir çok ilaç kabızlığa yol açmaktadır. Kabızlık yönetiminde altta yatan fizyopatolojiyi iyi belirlemek, uygun far-

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