Bölüm 15

LAPAROSKOPİK CERRAHİ KOMPLİKASYONLARI

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GİRİŞ

Günümüzde artan deneyim ve teknolojik gelişmeler sayesinde pek çok laparoskopik operasyon dünya genelinde başarılı bir şekilde ve güvenle uygulanmaktadır. Buna rağmen laparoskopik cerrahide de komplikasyonlarla karşılaşılabilir. Laparoskopik cerrahiye bağlı majör komplikasyonlar vasküler yaralanma, gastrointestinal ya da üriner sistem hasarları, insizyonel herniler ve pnömoperitoneumdan kaynaklanan kardiyorespiratuar problemlerdir. Laparoskopik tekniklerin ve aletlerin geliştirilmesi, cerrahi ekibin tecrübelerinin artması ile birlikte anestezideki ilerlemeler, hasta monitorizasyonunun ileri boyutlara ulaşması ve oluşabilecek patofizyolojik değişikliklerin daha erken ve daha iyi anlaşılabilmesi sayesinde mortalite azalmıştır. Laparoskopik cerrahinin mortalite ve morbiditesi her ne kadar düşük olsa da bazen ciddi komplikasyonlar görülebilmektedir. Bu konu başlığında laparoskopik yaklaşıma özgü komplikasyonlardan bahsedilecektir.

HASTA POZİSYONU VE PNÖMOPERİTONEUMA BAĞLI KOMPLİKASYONLAR

Pnömoperitoneum ve hasta pozisyonu; özellikle karbondioksit dengesindeki ve kardiyopulmoner fonksiyondaki değişikliklere bağlı komplikasyonlara yol açarlar. Bu değişiklikler sağlıklı bireyler tarafından genellikle iyi tolere edilir. Veress iğnesi veya trokarın doğru olmayan yerleşimine bağlı ekstraperitoneal insüflasyon ve subkütanöz, preperitoneal, mediastinal, omental amfizem, pnömotoraks, pnömoperikardium gibi komplikasyonlar görülebilir (Lam & ark., 2009). Ekstraperitoneal insüflasyon riski açısından, direkt ve açık teknik yaklaşım Veress iğnesine kıyasla daha düşük riske sahiptir. Yine de bu komplikasyonun nadir görülmesi sebebiyle giriş tekniği seçiminde etkisi olduğunu söylemek mümkün değildir. Ciddi morbidite veya mortalite ile sonuçlanmadığından komplikasyonun eksik bildirimi olasıdır.

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DİĞER KOMPLİKASYONLAR

Port yeri Metastazı

Laparotomide insizyon yeri metastazı görüldüğü gibi laparoskopide de port yeri metastazı görülebilir. Literatürde port yeri metastazı ile ilgili literatür giderek artasa da gerçek insidans henüz net olarak ortaya konulamamıştır. Laparoskopide hematojen ve direkt kontaminasyona ek olarak cerrahi teknik ve pnömoperitoneum da port yeri metastazında etkilidir (Ramirez, Wolf & Levenback, 2003).

Port yeri metastazını önlemek için port yerinin eksizyonu, tümör büyümesini durduran ajanların port yerine uygulanması gibi yöntemler önerilse de bu yöntemlerin işe yaradığına dair yeterli kanıt elde edilememiştir.

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