

30. BÖLÜM

AKSİLLER CERRAHİ SONRASI LENFÖDEM GELİŞİMİNİN ÖNLENMESİ

Murat KARTAL¹

GİRİŞ

Meme kanseri dünyada kadın popülasyondaki kanserler içinde en sık görülenidir ve kanser ilişkili ölümler arasında az gelişmiş ülkelerde birinci sıradayken, gelişmiş ülkelerde ikinci sırada yer almaktadır. Ülkemizde her yıl yaklaşık 17000 kadına meme kanseri tanısı konmaktadır. Erken teşhis yöntemleri ve tedavi stratejilerindeki gelişmeler sonucunda kadın meme kanseri 5 yıllık % 89.7 gibi yüksek bir sağ kalım oranına sahiptir. Tedavideki ilerlemelere rağmen, meme kanserinden kurtulanların çoğu, lenfödem, enfeksiyon, seroma, hematoma ve selülit gibi komplikasyonlar yaşamaktadır. Bu nedenle klinik odak hastalık yükünün hafifletilmesi ve komplikasyonların tedavisine yönelmiştir. Meme kanseri cerrahisinden sonra en çok korkulan komplikasyon lenfatik sıvının birikmesi sonucu ortaya çıkan; kolların, göğüslerin veya gövdenin şişkinliği ile karakterize meme kanserine bağlı lenfödemdir(1). Lenfödem insidansı, meme-aksiller cerrahinin kapsamına ve adjuvan radyasyon tedavisinin kullanımına bağlı olarak % 2 ila % 42 gibi bir aralıkta olması nedeniyle önemli bir sorundur(2). Lenfödem şişlik, sertlik, gerginlik, uyuşma ve bozulmuş uzuv hareketliliği gibi fiziksel belirtilere neden olur(3). Üst kol lenfödeminin, çocukları kucaklamak, giyinmek veya egzersiz yapmak gibi basit görevleri ağırlı hale getirmesi, hastanın yaşam kalitesi üzerinde olumsuz bir etkiye sahiptir(4). Lenfödem fiziksel rahatsızlık ve engelin yanı sıra anksiyete, depresyon ve duygusal sıkıntıya yol açabilen kozmetik bir deformiteye de neden olur. Bunlar, bir kadının günlük yaşam aktivitelerini ve yaşam kalitesini etkileyebilir. Çalışmalar ağrı, rahatsızlık,

¹ Op. Dr. SBÜ Erzurum Bölge Eğitim ve Araştırma Hastanesi, Genel Cerrahi Kliniği
m.kartal2587@gmail.com

yağ dokusunda birikerek lenfödeme neden olur. Ayrıca lenfatik drenajı bozarak lenfödeme neden olan, cilt ve yumuşak dokunun tekrarlayan enfeksiyonları da obez hastalarda daha sık görülür. Lenf ödem geliştiğinde lenf damarlarında dilatasyon gözlenir ve doku oksijenizasyonu azalır. Artan sıvı birikimi ve azalmış oksijen fibrozise ve derideki kızarıklıklara neden olan inflamatuvar duruma yol açar. Tüm bu etkiler göz önüne alındığında BMİ yüksek ve meme kanseri cerrahisi geçirmiş hastaların lenfödem gelişim yönünden risk teşkil ettiği görülmektedir. Sheila ve arkadaşlarının yaptıkları çalışmada meme kanseri tedavisinden önce BMİ ≥ 30 olan hastaların BMİ ≤ 30 olan hastalara oranla lenfödem gelişiminin yaklaşık 3.6 kat daha fazla olduğunu belirtmiştir. BMİ yüksek hastaların tedavi öncesi kilo vermeleri beklenemeyeceği için, risk altındaki hastalara kendi kendilerine lenfödemi değerlendirme konusunda eğitim verilmeli, uygun diyet programı önerilmeli ve yakın takip ile izlenmelidir(53).

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