

Bölüm 15

KOLON KANSERİ İÇİN AMELİYAT ZAMANLAMASI VE CERRAHİ SEÇENEKLER

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Kolon ve rektum kanserleri gastrointestinal sistemin en sık kanserleridir. Kolonda ortaya çıkan primer kanserlerin çoğu adenokarsinomdur. Kolon kanserlerinin tedavisinde amaç; kanserli bağırsak segmentinin, lenfatik drenajında içeren mezenterin ve tümör tarafından direkt invazyonun olduğu diğer organların çıkartılmasıdır. Lokalize kolon kanseri için tek tedavi edici yöntem cerrahi rezeksiyondur. Kemoterapi ve radyoterapi gibi yardımcı tedavi yöntemlerindeki tüm gelişmelere rağmen kolon kanserlerinin küratif tedavisi cerrahidir. Kolon kanserinin tedavisi multidisipliner olup bu ekip içinde gastroenterolog, kolorektal cerrah, patoloğ, medikal onkolog, radyolog, radyasyon onkolog, diyetisyen, stoma hemşiresi gibi birçok branştan üyelerden oluşur(1, 2).

Primer kolon kanserinin cerrahi rezeksiyonu, etkilenen kolon segmentindeki tümörün, majör vasküler pediküllerin ve lenfatik drenaj alanının tamamen çıkarılmasıdır(3). Tümörün rezeke edilebilir bir organ veya dokuya yapışması veya infiltrasyonu varsa bitişik yapıların blok rezeksiyonu yapılabilir. Tümörün komplikasyonları(perforasyon, tıkanma kanama vs.) nedeniyle belirti veren hastalarda aşamalı cerrahi tedavi uygulanması gerekebilir. Kolon kanseri nedeniyle hastaların büyük bir çoğunluğu acil olmayan şartlarda opere edilir(4). Kolon kanseri direkt komşuluk yoluyla, transperitoneal yolla, lenfatik yolla ve hematojen yolla yayılabilir. Kolon kanseri tanısı genellikle kolonoskopi ile konulur. Kolonoskopi tümörün yerini belirlemede ve histo-patolojik tanı için spesmen elde etmede vazgeçilmez bir yöntem olmakla birlikte polipektomi, kanamanın kontrolü gibi durumlarda tedavi yöntemidir.

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