

Bölüm 32

FERTİLİTENİN KORUNMASI

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Fertilitenin korunması, kanser, sistemik hastalıklar ve sosyal nedenlerle üremeyi erteleyen erkek ve kadınlarda infertilite risklerini ve olası tedavi seçeneklerini anlamalarına yardımcı olmaya odaklanan üreme endokrinolojisi ve infertilite alanının ortak konusudur. Günümüzde kanser hastalarının sağ kalım oranları artmış, kanserin üreme sağlığını nasıl etkilediğine dair araştırmalar ve koruma seçeneklerinin gelişmesine yol açmıştır. Kanser tedavileri üreme fonksiyonlarını 2 mekanizmayla etkilemektedir.

- Overler, fallop tüpleri, uterus ve serviks gibi üreme ile ilgili organlarda hasar.
- Over gibi hormon üretimine katılan organlarda hasar.

Kanser tedavilerinin doğurganlıkla ilgili bilinen veya olası yan etkileri vardır [1]:

Kemoterapi: Özellikle alkilleyici ajanlar olarak adlandırılan ilaçlar, doğurganlığı etkileyebilir. Bunlar: Nitrogen mustard, L-phenylalanine mustard, Busulfan, Karmustin, Chlorambucil, Siklofosfamid, Doksorubisin(Adriamisin), Lomustine, Mechlorethamine, Melfalan, Busulfan, Prokarbazin, Dacarbazine.

Radyasyon tedavisi: Bu vücut bölgelerine radyasyon tedavisi doğurganlığı etkileyebilir: Batın, Pelvis, overler ve overlerin yakınındaki bölgeler, uterus, hipofiz bezi, kemik iliği nakli için tüm vücut.

Ameliyat: Üreme organlarının cerrahi olarak çıkarılması doğurganlığı etkileyebilir: Histerektomi, trakelektomi, ooferektomi, pelvik lenf düğümlerini çıkarmak için yapılan ameliyatlara üremeyi etkileyebilir [2].

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