

## Bölüm **16**

# **OPERATİF VAJİNAL DOĞUMLARA BAĞLI KANAMALAR**

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### **GİRİŞ**

Operatif vajinal doğum (müdahaleli vajinal doğum), doğumun hızlanması gereken klinik durumlarda önemli bir yönetim şeklidir (1). Maternal tükenmişlik ,fetal kalp atımlarında bozulma gibi durumlarda maternal ve fetal tıbbi yarar için sezaryana alternatif bir yöntemdir. Operatif vajinal doğum anne ve yenidoğan için komplikasyonlar içermesine rağmen sezaryana bağlı oluşan sağlık sorunlarına göre tercih edilebilir(2). Operatif vajinal doğumlarda (OVD) vakum veya forseps kullanılır ve bu iki alet operatif doğum enstrümanı olarak bilinirler.

Dünyada operatif doğum sayısı genel olarak azalmakta özellikle bu durum forseps kullanımında daha da belirginleşmektedir. Ülkemizde de durum farklı değildir. Uzamış doğumlar ya da doğumun 2. evresini hızlandırma konusunda sezaryen doğum yönünde bir eğilim söz konusudur. Ülkemizde sezaryen doğum oranı 1993 yılında %8 iken, 2008 yılında %37 ve her yıl bu oran gittikçe artmaktadır(3). Bunun temel nedeninde tıbbi-yasal sorumluluklar başta gelmektedir. Bundan dolayı operatif doğumların yapılmasında çekinceye neden olmaktadır.(3)

OVD'a bağlı maternal komplikasyonlar -genellikle alt genital yolda ve komşu dokularda ( mesane , üretra ,rektum ) lasersyon ve hematomlara bağlı kanamalar olmaktadır. Bunlar nadir de olsa anne hayatını riske atan postpartum kanamalara sebep olmaktadır. Bu bölümde operatif doğumda bağlı kanamalar ve bunlara yaklaşımı işlenecektir.

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ya da hematom düşünülmeli, laserasyonlar tam olarak onarılmalı onarım sırasında komşu organlara dikkat edilmeli. Derin ve kontrol edilemeyen kanamalara vajinal tamponların en az 24 saat kalacak şekilde konulmalı hasta hemodinamisi bozulan hematomlarda lapartomi ve arter ligasyonu düşünülmelidir.

**Anahtar Kelimeler:** Müdahaleli Doğum, Operatif Doğum, Vakum Doğum, Forseps Doğum, Doğum sonrası Kanama

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