

Bölüm 17

POSTOPERATİF VE POSTPARTUM KANAMALAR

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GİRİŞ

Obstetrik kanamalar, doğumun en yaygın ve tehlikeli komplikasyonudur. Günümüzde hem gelişmiş hem de gelişmekte olan ülkelerde anne ölümünün önde gelen sebeplerindendir. Bununla birlikte antibiyotik ve steril tekniklerin keşfi, anestezi- de iyileşme, hastane içi doğumlarda artış ve kan nakli süreçlerinde iyileşme gibi tıbbi ve teknolojik ilerlemeler nedeniyle gebeliğe bağlı ölüm oranı önemli ölçüde düşmüştür (1). Yine postpartum kanama profilaksisinin rutin olarak kullanılması durumu bir nebze daha iyileştirmeye devam etmektedir. Halen maternal mortalite ve morbidite oranlarında iyileşmeye yönelik stratejiler, dünyada ve ülkemizde bu alanda özelleşmiş kurum ve kişilerce geliştirilmeye devam edilmektedir.

Geleneksel olarak, doğum sonrası kanama, vajinal doğumda 500 mL'den fazla tahmini kan kaybı veya sezaryen doğum sırasında 1000 mL'den fazla tahmini kan kaybı olarak tanımlanmıştır. Bu tanım, 2017'de American College of Obstetrics and Gynecology (ACOG) tarafından "1000 ml veya daha fazla kan kaybı veya doğum şekline bakılmaksızın doğumdan sonraki 24 saat içinde ortaya çıkan hipovolemi belirtileri veya semptomları ile kan kaybı" olarak yeniden tanımlandı. Bu değişiklik doğum sırasındaki kan kaybının rutin olarak hafife alındığı bilgi- siyle yapılırken, vajinal doğum sırasındaki 500 mL'den büyük kan kaybı, potansi- yel müdahale ihtiyacı ile anormal kabul edilmelidir. Primer postpartum kanama doğumdan sonraki ilk 24 saat içinde meydana gelen kanamadır, sekonder post- partum kanama ise doğumdan 24 saat ile 12 hafta sonra meydana gelen kanama olarak karakterize edilir(2-4).

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