6.
BÖLÜM

ANESTEZİ VE ORTOPEDİK CERRAHİ ALAN İNFEKSİYONLARI

Onur SELVİ

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Cerrahi alan infeksiyonları (CAİ) tüm ortopedik cerrahiler için ve özellikle eklem protez operasyonları ile ilişkili olan karmaşık ve maddi olarak külfetli komplikasyonlarındandır. Birleşik Devletleri'nde total eklem artroplastilerine bağlı infeksiyonların mali külfetinin 2020 yılının sonuna kadar 1.62 milyar dolar olması beklenmektedir (1). Hastane kaynaklı ölümlerin önemli kısmını oluşturan hastane infeksiyonlarının %20'den fazlası yara yeri infeksiyonlarıdır (2). Toplumda ilerleyen yaş ile birlikte özellikle total eklem protezlerine ihtiyaç duyan hasta sayısını artacağı öngörülmektedir. Örneğin Amerika'da bu sayının 2030 yılına kadar yılda 4 milyon hastaya ulaşacağı tahmin edilmektedir (3). Cerrahiye olan bu talebin yükselmesi CAI önlenmesinin gelecek yıllarda da önemli bir sorun olacağını göstermektedir. Oluşumları multifaktöriyel olan CAİ inceleyen çalışmalar göstermektedir ki, bu infeksiyonların kontrol altına alınabilmesi için birçok faktörün göz önünde bulundurulması, bu faktörler için risk değerlendirmesinin iyi yapılması ile sağlanabilir. CAİ oluşumu ile ilgili faktörlerin bazıları preoperatif, peroperatif ve postoperatif dönemde anestezi hekimlerinin karar, yaklaşım ve tutumlarından etkilenir. Bu değişkenlerin kontrolü ancak CAİ ve anestezi arasındaki ilişkiyi kavrayabilen bir hekim tarafından öngörülebilir ve engellenebilir. Örneğin Amerikan Anestezi Derneği (ASA) skoru ≥3 olması postoperatif eklem infeksiyonu için yüksek risk teşkil eder (4). Benzer şekilde preoperatif değerlendirme esnasında hastanın infeksiyona yatkınlığı ile ilgili ipucu oluşturan ve anestezi hekiminin farkındalık geliştirmesi gereken daha bunun gibi birçok örnek verilebilir (5,6). CAİ için risk değerlendirilmesi yapılırken anestezi hekimlerinin kontrolünde olan bu değişkenlerinde mortalite ve morbiditeyi etkilediğini anlamak gerekir.

maliyet hesabı, hastanede kalış süresi, hasta konforu gibi sebeplerle son yıllardaki eğilim nöroaksiyel anestezi yönüne kaymaktadır. Birçok yerel komite ve hastane nöroaksiyel anestezi yönünde politika değişikliğine gitmektedir (54). Klinisyenler nihai karara hastanın en yüksek yararı ve güvenliği doğrultusunda ortak bir fikir birliğine içinde birlikte karar vermelidir.

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