

Bölüm

15

Nöroşirürjide Akut Arteriyel Hipertansiyon

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GİRİŞ

Nöroşirürji prosedürleri (kraniyal, spinal, pediatrik) uygulanan hastalarda, iyi yapılmış bir ameliyat sonrasında ya da yoğun bakımda yakın takip sırasında olsa-lar da potansiyel stabil olmayan bir kardiyopulmoner durumla karşılaşma ya da sekonder nöronal hasar oluşma riskleri vardır⁽¹⁾. Yapılan cerrahi prosedürlerin özellikleri (ameliyat süreleri, damar yaralanmaları, cerrahi kesi büyüklükleri vs.) ameliyat sonrasında oluşacak bu tür komplikasyonlara karşı hastaları savunmasız bırakmaktadır^(2,3).

Anestezi indüksiyonu sırasında perioperatif hipertansiyon oluşabilir. İntraoperatif hipertansiyon akut ağrı sonucunda oluşan sempatik stimülasyon sonucun-da oluşan vazokonstriksiyona bağlıdır^(4,5). Anestezi sonrasında oluşan hipertan-siyon; ağrıya ile indüklenen sempatik stimülasyona, hipotermi ya da hipoksiye bağlı gelişebilir^(5,6). Hipertansiyon ayrıca intraoperatif aşırı intravasküler hacim yüklenmesinin sonucunda da olabilir ve bu durum ekstra vasküler alana sıvı ge-çişi olana kadar (24-48 saat) sürebilir^(7,8). Hastaların antihipertansif tedavilerinin postoperatif dönemde kesilmelerine bağlı da hipertansiyon gelişebilir^(9,10).

Nöroşirürji hastalarının %20-%50'sinde erken postoperatif komplikasyon gelişmekte olup, yaklaşık %25'inde birden fazla komplikasyon gelişmektedir^(11,12). Bu komplilasyonların büyük bir bölümü "minör" komplikasyon olarak kabul edilmektedir. Örneğin en sık görülen komplikasyon kusmadır (%30)⁽¹³⁾. Diğer komplikasyonların oranlarını belirlemek güçtür. Ancak bazı komplikasyonları sı-nıflandırabiliriz; solunum (%32), hava yolu travması (%4), kardiyovasküler (%7) ve nörolojik (%6)^(14,15).

Akut postoperatif hipertansiyon sıklığı yapılan bazı cerrahi prosedürlerde; ka-rotid endarterektomilerde (%9-65), kardiyak cerrahilerde (%22-54), abdominal aortik cerrahilerde radikal boyun diseksiyonlarında (%10-20), intrakraniyal cer-rahilerde ise bu oran (%57-91) olarak saptanmıştır^(16,17).

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Labetalol, esmolol, hidralazin ve fenoldopam özel durumlarda önerilmekte olup olası yan etkilerine dikkat edilmelidir. Nikardipin ve klevhidipin hipertansiyon tedavisi gerektiren perioperatif vakaların çoğu için tavsiye edilen ajanlardır çünkü etkinlikleri ve tedavide güvenli oldukları kanıtlanmıştır.

Akut postoperatif hipertansiyon, potansiyel olarak ciddi bir durumdur. Tedavisi her hasta için kişiselleştirilmelidir.

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