

# Konu 2

## Postoperatif Komplikasyonlar

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### Giriş

Laparoskopi minimal invaziv bir yöntem olmasına rağmen ameliyat sonrası birçok komplikasyon gelişebilmektedir. 2000'li yıllarda yapılan bazı çalışmalarda laparoskopik gastrektomi sonrası komplikasyon görülme sıklığı % 4,7 ile % 23,3 arasında değişen oranlarda bildirilmiştir (2-5). 2010 yılından beri cerrahi teknik ve aletlerin gelişmesine rağmen postoperatif komplikasyon oranında değişiklik olmamıştır (6-8). Laparoskopik gastrektomi sonrası gelişen komplikasyonlar erken ve geç komplikasyonlar olmak üzere iki grup altında incelenebilir.

### Erken Postoperatif Komplikasyonlar

Erken postoperatif komplikasyonlar genellikle hastalığın evresi, hasta ile ilişkili anatomik ve fizyolojik anomaliler, cerrahi ehliyet ve en önemlisi ise kullanılan cerrahi teknik ile ilişkilidir. Erken komplikasyonlar arasında, kanama (hematom, luminal kanama, port yeri kanaması, masif abdominal kanama), anastomoz ilişkili komplikasyonlar (darlık, kaçak), pankreatik fistül ve akut pankreatit, duodenal güdük kaçağı, nekroz gelişimi (gastrik remnant nekrozu, jejunal nekroz), evisserasyon ve inkarserasyon gösterilebilir.

### Risk Faktörleri

Ameliyat sonrası erken komplikasyonların ortaya çıkmasında birçok faktör rol oynamaktadır. Bu risk faktörleri hasta-ilişkili, tümör-ilişkili ve ameliyat-ilişkili olarak üç farklı grup altında incelenebilir. Kore çok-merkezli randomize kontrollü çalışma grubunun (KLASS) yaptığı ve 1485 hastanın dahil edildiği çalışmada, komorbidite ve komplikasyon gelişmesinde esas önemli antitenin hasta-ilişkili faktör olduğu belirlenmiştir (5). Ciddi kardiyovasküler ve pulmoner hastalıkların varlığının postoperatif komplikasyonları artırdığı bazı çalışmalarda gösterilmiştir (6,7). Bunun dışında yaş, cinsiyet ve beslenme durumu, ASA skoru gibi diğer faktörler de hasta-ilişkili risk faktörlerine dahil edilebilir (5,9-12). Erkeklerde komplikasyonlara daha sık rastlanmaktadır ve bu erkeklerin muhtemel daha çok sigara ve alkol kullanmasına bağlanmıştır. Yaş, hastanın ASA skoruyla ilişkili fiziksel durumunu ve komorbiditelerini etkileyen faktördür. KLASS grubu çalışmasında 60 yaş üzeri hastalarda, Nagasako ve ark. yaptığı çalışmada ise 70 yaş üzerinde olan hastalarda sistemik komplikasyon insidansı daha yüksek saptanmıştır (5, 13). Ancak yaş faktörünün komplikasyonlara etki etmediğini gösteren bazı çalışmalar da mevcuttur (7, 14). Tümör-ilişkili faktörler ise tümörün

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