

BÖLÜM 17



ÖZOFAGUS CERRAHİSİ ÖNCESİ PREOPERATİF ANESTEZİ DEĞERLENDİRMESİ

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ÖZET

Özofagus cerrahisi yapılan hastalarda sık rastlanan endikasyonlar öncelikli tümörler olmak üzere , gastroözofageal reflü ve motilite bozukluklarını (akalazya) içerir. Cerrahi işlemler basit endoskopi, servikal özofagomiyotomi, özofageal dilatasyon ,açık veya torakoskopik distal özofagomiyotomi, kör özofajektomi ve en blok özofageal rezeksiyonları kapsamaktadır.

Özofagus kanseri, tüm vakaların yaklaşık yüzde 22'sinde adenokarsinom veya özofagusla sınırlı skuamöz hücreli karsinom olarak, lokalize hastalık olarak ortaya çıkmaktadır. Sadece bölgesel lenf düğümlerine yayılma gösteren bölgesel hastalık, özofagus kanserli hastaların yaklaşık yüzde 30'unu oluşturur. Özofagus kanserinde cerrahi tedavinin amacı küratiftir ve lokalize hastalığı olan hastalar içinde multidisipliner tedavinin geleneksel dayanağı yapılan cerrahi rezeksiyondur.

Anestezi açısından özofagus hastalığı olan hastalarda önemsenmesi gereken ana problem pulmoner aspirasyon riskidir. Özofagus hastalığına sahip olan birçok hasta özofagus darlığı, kitlesi veya akalazya nedeniyle yüksek pulmoner aspirasyon riskine sahiptir.

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kanül (HFNC) oksijen tedavisi veya noninvaziv pozitif basınçlı ventilasyon kullanılabilir ve solunum sıkıntısının altında yatan nedenini bulup tedavi ederken yeniden entübasyon ihtiyacını geciktirebilir veya tedavi cevabı ile entübasyonu önleyebilir (82,83). Nadiren, hastalarda hemen postoperatif dönemde ortaya çıkan ses kısıklığı, dispne ve/veya aspirasyon pnömonisi ile kendini gösteren, vokal kord paralizi ile rekürren laringeal sinir hasarı meydana gelebilir. Özofagus rezeksiyonu veya onarımından sonra, özofagus anastomozunun kanaması veya anastomozun rüptürü nedeniyle acil olarak yeniden ameliyat nadir olarak görülmektedir (84).

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