

BÖLÜM 3

ONKOPLASTİK MEME KORUYUCU CERRAHİ

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GİRİŞ

Günümüzde memeler sadece süt yapan, süt veren, bebeği emziren ve besleyen organ olmaların ötesinde tanımlanmaktadır. Memeler kadınları tanımlayan ve tamamlayan organlar olarak bilinmektedir. Aynı zamanda kadın estetiğinin önemli bir bileşenidir. Bu estetik organlar yaşam boyunca değişmekte ve önemli sağlık sorunlarına neden olmaktadır. Yapılan çalışmalarda genel cerrahi polikliniklere en sık başvuran hastalık grubunun meme hastalıkları olduğu bildirilmiştir (1). Kanser hastaları son on yıllarda artış eğilimindedir. Meme kanseri hemen hemen tamamı (%99) kadınlarda orta çıkan yaygın bir kanser türü olarak bilinmektedir. Kadın kadınlardaki kanserin yaklaşık olarak %30'nu oluşturmaktadır ve kadınlarda kanserden ölümlerin ise %14.5'dir (2). Meme kanserinin tedavisi modern yaklaşımla günümüzde multidisipliner yapıda tedavi edilmektedir. Bu tedavi yaklaşımında hala en etkili tedavi yöntemi olarak cerrahi tedaviler yerini korumaktadır. Günlük pratığımızde kür sağlamak için meme kanserinin cerrahi tedavisi yapılmayan hemen hemen hiç hasta yoktur. Meme kanseri için yapılan cerrahi yaklaşımlar yüzyıl içinde önemli oranda değişmiştir. Meme kanserinin cerrahi tedavisi olarak Halsted 190'lü yıllarda radikal mastektomi ilk kez tanımlanmıştır. Modifiye radikal mastektomi (MRM) 1950'li yıllarda popüler olmuştur. Kanser için memenin korunduğu sadece kanserin alındığı meme koruyucu cerrahiler (MKC) tanımlanmıştır. Bu teknikte memeye radyoterapi (RT) yapılmaktadır. Cerrahi tedavide 20 yıllık uzun dönem izlem sonuçlarına göre MKC+ RT ve

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için uzun vadeli izlem (onkolojik, estetik ve hasta memnuniyet verileri) verileri beklenmektedir.

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