

3.1. Arter Hastalıklarının Tedavi Komplikasyonları

3.1.c. Endovasküler Tedavi Komplikasyonları

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Giriş

Kalp ve damar hastalıklarına yaklaşımda; geçen son üç dekatta, teknolojideki gelişmelere ikincil olarak endovasküler yöntemler artan sıklıkla kullanılmaya başlanmıştır. Günümüzde, endovasküler ve torasik aort onarımı (EVAR ve TEVAR); abdominal ve torakal aort patolojilerinin tedavisinde açık cerrahinin kabul edilebilir bir alternatifi haline gelmiştir (1). Endovasküler onarım, açık cerrahi ile karşılaştırıldığında, perioperatif dönemde 30 gün boyunca tüm nedenlere bağlı, mortaliteyi düşürmenin yanı sıra morbidite oranını da azalttığı gösterilmiştir (2,3). Ayrıca kan kaybında azalma, aorta kros klemp konulmasına gereksinimi olmayıp geleneksel açıkcerrahiye göre, daha kısa iyileşme süreleri olması gibi avantajlara sahiptir (4). EVAR ve TEVAR'ın endikasyonları açık cerrahi ile aynıdır. Günümüzde endovasküler onarıma elverişli anatomik kriterleri karşılayan hastalar için, endovasküler girişimler torasik ve abdominal aort hastalıklarında tercih edilen tedavi şeklidir (1,5).

Tüm tedavilerin olduğu gibi endovasküler tedavilerin de çeşitli komplikasyonları mevcuttur. Endovasküler işlemlerin sayı ve türlerindeki artış, komplikasyon sayılarını ve önemini daha da artırmaktadır. Olası güçlüklerin saptanıp alınacak tedbirlerle komplikasyon oranları azaltılabilir. Bu nedenle girişimlere özgü dezavantajlar, komplikasyonlar ve çözüm yollarının kapsamlı olarak bilinmesi gerekir.

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