

Kritik Travma Hastalarında Havayolu Yönetimi

Veysel Yasin YÖMEN¹

Travma resüsitasyonunda uygulanan “ABCDE” kuralı, hipoksemi ve hipotansiyonu düzeltmenin morbidite ve mortaliteyi azalttığı varsayımından yola çıkılarak bulunmuştur.

Travma hastasında havayolu yönetiminde endotrakeal entübasyonun ötesinde, birçok zorluk vardır. Sonuçlar uygulayıcının önceden zorluğu tahmin etme yeteneğine ve güvenilir bir plana sahip olmasına bağlıdır (1).

Hastane öncesi bakımda ve travma sistemlerinin gelişmesindeki ilerlemelere rağmen travmadan kaynaklanan erken ölüm oranlarında anlamlı bir değişim olmamıştır (2).

Hastane öncesi ortamda travma merkezine transferi gecikmeyecek şekilde ileri havayolu yönetiminin yapılabileceğini destekleyen kanıtlar vardır (3). Tersine hastane öncesi ileri havayolu yönetiminin bazı durumlarda mortaliteyi arttırabileceğine dair literatür mevcuttur (4–6).

Hastane öncesi endotrakeal entübasyonun faydalı olup olmadığı duruma göre değişir (1).

Doğu Travma Cerrahisi Derneği bu çelişkili verileri kabul etmiştir. Hızlı seri entübasyon olsun ya da olmasın travmatik beyin hasarı olan hastalarda hastane öncesi entübasyon konusunda bir sonuca varılamamış olup, hasta popülasyonunun çeşitliliği, endotrakeal entübasyon uygulayıcıları arasındaki farklı deneyimler ve raporlamalar fikir birliğini zorlaştırmaktadır (7).

Hastane ortamında gecikmiş entübasyon, kritik olmayan yaralanmalı travma hastalarında artan mortalite ile ilişkilidir (8).

Zor havayolu anestezi konusunda deneyimli bir hekim tarafından beklenen veya beklenmeyen zorluk veya başarısız klinik deneyim olarak tanımlanır (9).

Amerikan Anestezi Uzmanları Derneği (ASA) zor havayolu algoritması, travma anestezisi ile ilgili mükemmel bir rehber olmasının yanında havayolu ile ilişkili travma ve hastaya bağlı değişen faktörlerden dolayı, travma havayoluna benzersiz bir yaklaşım gereklidir (10,11).

¹ Uzm. Dr., Siirt Eğitim ve Araştırma Hastanesi Anesteziyoloji ve Reanimasyon Kliniği, yomen.md@gmail.com

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