



## BÖLÜM 23

### TRAVMALI HASTADA ANESTEZİ

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#### GİRİŞ

Travma, hayatın günlük akışında beklenmeyen bir anda gelişen, bireyin psikolojik ve fizyolojik bütünlüğünü tehdit eden olaylar olarak tanımlanabilir. Artan teknolojik gelişmeler ve endüstriyel alanda hızlı ilerlemeler sonucu en önemli ölüm nedenleri arasında sayılmaktadır. Genç bireylerde özellikle travma sonucu sakatlanma sayısında ve ölüm oranında önemli bir artış görülmektedir. Travma, kanser ve kardiyovasküler hastalıklardan sonra üçüncü sırada ölüm nedeni olarak yer almaktadır. 0-40 yaş grubunda ise travma nedeniyle ölüm 1. sıradadır ve bunun ilk nedenini trafik kazaları oluşturmaktadır. Travmada en büyük morbidite ve mortalite kaynağı hemorajik şoktur. Yalnızca Amerika Birleşik Devletleri'nde, travmayı takiben yılda yaklaşık 60. 000 hasta hemorajik

şoktan ölmektedir. Hemorajik şok ilk 24 saatte ölümlerin %30 ila %40'ını oluşturmaktadır. Dünya genelinde yılda yaklaşık 2 milyon kişi travma nedeniyle hayatını kaybetmektedir (1, 2).

Travma lokalizasyonua göre lokal-multiple, yaralama şekline göre künt-penetrant, durumun ciddiyetine göre hafif-orta-ciddi şeklinde sınıflandırılabilir. Vücudun iki veya daha fazla bölgesinin travmaya bağlı kalmasına multi-travma denir. Travma bölgesine göre, kafa, göz, vertebra, pelvis, toraks, abdominal ve üriner bölge, ekstremiteler travmaları şeklinde de sınıflandırılabilir.

Travma; özel ve titiz yaklaşımlar gerektiren, en önemli ölüm nedenleri arasında acil tıbbi durum sayılmaktadır. Travma sonrası cerrahi girişimlerde hayat kurtarıcı rolü yanında, sağ kalımı artırmak için profesyonel bir anestezi yönetimine ihtiyaç vardır.

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çimi hastanın travma durumuna ve stabilizasyon durumuna göre değişmektedir. Preoperatif iyi değerlendirme ve gerekli hazırlıkların yapılması, intraoperatif hemodinamik olarak stabil tutma ve postoperatif bakımın uygun yapılması travma hastanda mortalite ve morbiditeyi düşmesini sağlayacaktır.

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