Bölüm
13

POSTOPERATİF SOLUNUM SIKINTISI

Hatice AKPINAR

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Postoperatif dönemde gelişen akciğer sorunları, tüm perioperatif komplikasyonların önemli bir kısmını oluşturur ve bu durum uzamış yatış süreleri, artmış maliyet ve mortalitenin en önemli nedenidir (Abbott & et al., 2018). Postoperatif solunum yetmezliği genellikle solunum sayısında artış (> 25/dakika), yardımcı solunum kaslarının kullanımı, paradoksal solunum ve arter kan gazlarında bozulma (oda havasında PaO_2<60 mmHg, PaO_2/FiO_2<250, $PaCO_2$>50 mmHg) olarak tanımlanır (Özyılmaz & Kaya, 2012). Postoperatif solunum yetmezliğinde risk faktörlerini kesin ve olası riskler şeklinde 2 sınıfta değerlendirebiliriz.

Kesin risk faktörleri; (Smetana & et al., 2006), (McAlister & et al., 2005), (Li & et al., 2013)

- Üst karın, torasik (açık), aort, baş ve boyun, beyin cerrahisi ve abdominal aort anevrizma ameliyatı (özellikle diyafragma disfonksiyonuna neden olabilecek ameliyatlar)

NIV-Rutin olarak uygulanmamasına rağmen destek tedavisi olarak uygulanır. Hipoksinin düzeltilemediği vakalarda reentübasyon mutlaka düşünülmeli ve acil şartlarda yapılabilmelidir (Rochwerg & et al., 2017).

HFNC-Bu yöntemde NIV 'da olduğu gibi primer tedavi yöntemi olmaktan ziyade destekleyici bir oksijen sunumu sağlar. Bir miktar pozitif havayolu basıncı oluşturarak atelektazik alanların açılmasına katkıda bulunabilir. NIV'ı tolere edemeyen hastalarda kullanılabilir (Futier & et al., 2016). Mutlaka deneyimli personel tarafından uygulanmalı ve hipoksinin düzeltilemediği vakalarda reentübasyon düşünülmelidir.

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