



POSTOPERATİF BÖBREK HASARI

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► Tanımı;

Böbrek fonksiyon bozukluğu majör cerrahi sonrası artmış morbidite ve mortalite ile ilişkili sık görülen bir komplikasyondur. Akut böbrek hasarı (ABH) terimi, böbrek fonksiyonunun hızlı bir şekilde bozulmasını tanımlamak için kullanılır. Bu hızlı bozulma, üre ve kreatinin gibi plazma atık ürünlerinin birikmesine neden olur. ABH tanımı, serum kreatininin (sCr) ve idrar üretimindeki değişikliklere dayanmaktadır. Çoğu tanım böbrek fonksiyonunun belirteçleri olarak idrar çıkışını ve sCr kullanır, çünkü bunlar böbreklere özgüdür ve kolayca ölçülür. Serum kreatinin konsantrasyonları yetersiz böbrek fonksiyonunu yansıtır. Postoperatif ABH glomerüler filtrasyon hızında (GFR), ameliyatın 1. haftasında plazma atık ürünlerinin birikmesine yol açan anı bir düşüş olarak tanımlanır (Lewington & Cerda & Mehta, 2013; Bellomo & Kellum & Ronco, 2012; KDIGO, 2012, Ozrazgat-Baslantı & et al. 2016).

tır. Kesin olarak faydalı kanıtların bulunmaması ve vazodilatör tedavinin olası olumsuz etkileri göz önüne alındığında, ortak öneri ABH'yi önlemek veya tedavi etmek için kullanılmalarına karşıdır (KDIGO & 2012; Zacharias et al & 2013).

Renal replasman tedavisi

Hiperkalemi, hiperüremi, metabolik asidoz ve aşırı sıvı yüklenmesi böbrek replasmanın endikasyonlarıdır, ancak hangi değerlerde tedavi uygulaması gerektiği belirsizdir. Renal replasman tedavisinin ne zaman kesilmesi gereği de belirsizdir. Gözlemlsel çalışmalar, idrar çıkışının yeterli böbrek fonksiyonunun makul bir işaret olduğunu göstermektedir.

Bir replasman tekniğinin diğerinden daha üstün olduğuna dair kanıt yoktur. Teknikler geniş olarak gruplandırılmıştır: sürekli tedaviler; aralıklı tedaviler; ve bunların bir karışımı. Sürekli tedavilerin hemodinamik olarak dengesiz hastaları riske atma olasılığı daha düşüktür. Uygulamada, kullanılan teknik aşinalık ve bulunabilirlik tarafından yönetilir (KDIGO & 2012; Ronco et al & 2015; Joannidis, Forni & 2011; Wu et al & 2008; Uchino et al & 2009).

Sonuç olarak; Perioperatif ABH ameliyatın ciddi bir komplikasyonudur. Hem kısa hem de uzun vadeli zararlı etkilerle ilişkilidir. Perioperatif ABH patofizyolojisi karmaşıktır, başta gelen nedenleri iskemi ve inflamasyonun birleşimini içerir. ABH'nın hızlı bir şekilde tanımlanması için yeni biyobelirteçler önerilmiştir, bunlar böbrek fonksiyonları bozulmadan erken müdahale uygulanmasına olanak sağlar. Hastaya ait faktörler, ilaçlar, ameliyatlar ve müdahaleler, kalp veya nakil ameliyatları ve kontrast boyası kullanımı ABH riskini arttırmır. Bütün risk faktörleri ameliyat öncesi optimize edilmelidir. Ameliyat sırasında, hipotansiyonun kısa süreleri bile böbreği risk altına sokar. İdrar çıkışı postoperatif ABH'yi öngörmemektedir.

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