

Bölüm 24

POSTOPERATİF İLEUS

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Postoperatif paralitik ileus, abdomen ya da abdomen dışı cerrahilerde dahi görülebilen mekanik olmayan faktörler sebebiyle gastrointestinal sistemin normal koordineli itici fonksiyonunun bozulup oral alımın intoleransı ve inatçı kabızlıktır (Townsend & ark. 2004; Brunicardi,2005; Bederman & ark. 2001). Abdominal cerrahi sonrası belli bir dereceye kadar postoperatif ileusun fizyolojik olduğu konusunda genel bir fikir birliği mevcuttur (Miedema & Johnson, 2003; Wilson, 1975). İleus, mekanik bağırsak obstrüksiyonu yokluğunda gastrointestinal traktın hipomotilitesi sonucunda gelişir. Benzer durum midede gerçekleşirse, buna gastroparezi ya da gecikmiş mide boşalımı denir. Fizyolojik paralitik ileus genel olarak sekel bırakmadan kendiliğinden düzelen bir durumdur. Bununla birlikte, ileus uzadığı taktirde hastanın rahatının ve konforunun bozulmasına, hastanede yatış süresinin uzamasına sebep olur. İleus uzadığı durumlarda mekanik bağırsak obstrüksiyonundan ve diğer postoperatif komplikasyonlardan ayırımının yapılması gerekmektedir.

Gastrografin, bilgisayarlı tomografi (BT) görüntülemeye yaygın olarak kullanılan suda çözünür, hiperosmolar bir oral kontrast maddedir. Her ne kadar Gastrografin, adezyona bağlı ince bağırsak tıkanıklığının tedavisinde terapötik olarak kullanılmasına rağmen (Branco & ark., 2010), postoperatif ileus tedavisinde etkinliği kanıtlanmamıştır.

“Enhanced recovery after surgery” (ERAS) diye tanımlanan protokoller cerrahi sonrası postoperatif ileus insidansını ve ileus süresini kısaltmıştır. Bu protokoller arasında kısa aç kalma süresi (berrak sıvılar için 2-3 saat), yüksek karbonhidrat sıvısı, nazogastrik tüp (NGT), erken mobilizasyon, sınırlı intravenöz sıvılar, erken oral beslenme, opiat yerine parasetomal ve nonsteroid antiinflamatuar kullanımı bulunmaktadır.

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