BÖLÜM 5

VENÖZ-VASKÜLER GİRİŞİMLERDE ULTRASONOGRAFİ

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Santral venöz kateterizasyon (SVK) uygulamalarının anestezi pratiğindeki yeri her geçen gün daha da önem kazanmaktadır. Amerika Birleşik Devletleri'nde yılda 5,000,000 SVK uygulandığı tahmin edilmektedir. Ameliyat sırasındaki gereksinim ve kullanımın yanı sıra, periferik damar yoluna erişimin sağlanamadığı durumlarda, postoperatif dönemde yoğun bakımda tetkik ve tedavileri devam edecek hastaların vazopressör ilaç kullanımlarında, beslenmelerinde, kemoterapi ve tanı amaçlı uygulamalarda büyük fayda ve kolaylık sağlamaktadır.

Ultrasonografi Rehberliğinde Periferal Girişimli Santral Kateterizasyon

Periferal girişimli santral kateterizasyon (PGSK), venöz bütünlüğü zayıf hastalarda ve orta dönem venöz kateter ihtiyacı olan hastalarda giderek daha sık kullanılmaktadır. İleri renal hastalığı olanlarda PGSK'dan, daha sonra diyaliz için kullanma ihtiyacı olabileceğinden kaçınılmalıdır. Amerika'da 3 milyon PGSK'nın %70'i hemşireler tarafından takılmakta ve hemşirelere USG ekipman ve eğitiminin sağlanması önerilmektedir (44). Ultrasonografi sayesinde en uygun damar seçilebilir ve tromboz gibi komplikasyonlar azaltılabilir (45-48). Teknik olarak öncelikle Seldinger tekniğini bilen kişilerin yapması gerekmektedir. Hastaya pozisyon verip, enfeksiyon kontrolü sağlandıktan sonra üst extremite USG ile değerlendirilip, en uygun ven ve giriş noktası belirlenmelidir (49). Bazilik, sefalik veya brakiyal venler idantifiye edilip, lokasyon, açıklık, lümen çapı, derinlik ve komşu yapılar açısından incelenmelidir. İlk girişin doğruluğundan emin olununca, kateter yeterli uzunlukta ilerletilir. Kateterin yeri USG ile teyid edilebilir.

Sonuç olarak; santral venöz girişimlerinin azımsanmayacak düzeyde komplikasyonlarının olduğu iyi bilinmektedir. Tecrübeyle bu riskler azalsa da, ortadan tamamen kalkmamaktadır. Ultrasonografi rehberliğindeki girişimlerin, anatomik detaylara hakim olarak varyasyonları önceden saptamak, çevre yapılarla ilişkiyi görmek, iğnenin doğru noktadan girişini sağlamak, kateterin venin içinde olduğundan emin olmak ve komplikasyonları erken belirlemek gibi önemli avantajları vardır. Bu avantajlar özellikle İJV girişimlerinde anlamlı düzeyde yüksek olup, femoral ve subklavyan ven için henüz bu düzeyde değildir.

Ultrasonografi eşliğinde santral venöz kateterizasyonda iyi düzeye gelebilmek için gerek landmark bağımlı yönteme gerekse standart USG bilgisine hakim olmak gerekir.

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