



## BÖLÜM 15

# OBSTRÜKTİF UYKU APNESİ CERRAHİSİNDE ANESTEZİ

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### Giriş

Obstrüktif uykı apnesi (OUA), uykı esnasında üst havayolunda tekrarlayıcı tamamen ya da kısmen kapanmalar ve buna bağlı apne/hipopne atakları ile karakterize ciddi bir hastalıktır (1). Bu atakları genellikle oksijen satürasyonunda ( $\text{SpO}_2$ ) düşme, hiperkarbi ve sempatik aktivasyon takip eder. Hasta çoğu zaman farkında olmamasına rağmen atakları sonlandırmak için sık sık uyanır (2). Horlama, şahit olunan apne atakları, gün içinde aşırı uykı hali ve yorgunluk en sık görülen yakınmalardır. Ancak esas problem bu kronik hastalığın; serebrovasküler hastalıklar, sistemik ve pulmoner hipertansiyon, iskemik kalp hastalığı, konjestif kalp yetmezliği, atriyal fibrilasyon gibi aritmiler, metabolik sendrom, tip-2 diyabetes mellitus, depresyon, iş ve motorlu araç kazalarında artısa yol açmasıdır (1,2).

OUA'nden şüphelenilen hastalarda klinik pratikte STOP-Bang, P-SAP, Berlin anketi, Amerikan Anesteziyologlar Derneği (ASA) kontrol listesi gibi tarama testleri sıklıkla kullanılsa da; altın-standart tanı yöntemi uykı laboratuvarında yapılan polisomnografidir (PSG) (2). PSG; elektroensefalogram, elektrookülogram, elektromyogram, solunum eforu ve oral/nazal hava akımı, elektrokardiyog-

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