



BÖLÜM 20

OTOLOJİK VE NÖROTOLOJİK CERRAHİ ANESTEZİSİ

Nihan AYDIN GÜZEY¹

GİRİŞ

Otolojik cerrahiler, dış, orta ve iç kulak ile merkezi işitme yollarının ameliyatlarını, nörotolojik girişimlerse, kulak, denge ve işitme sistemlerinin nörolojik ameliyatlarıyla, temporal kemik, kafa tabanı ve bunlarla ilişkili baş boyun yapılarının cerrahi işlemlerini kapsamaktadır. Bu cerrahiler, çoğunlukla genel anestezi altında ve bazen kraniyal sinir monitörizasyonu eşliğinde yapılmakta, hem yetişkin hem de çocuklarda gerçekleştirilebilmektedir. Başlıca otolojik işlemler, dış kulak yolu ve timpanik membran cerrahileri, orta kulak ve kemikcik zinciri operasyonları, mastoid kemik cerrahileri, vestibülo-kohlear sinir, fasiyal sinir cerrahileri, kohlea ve labirintin cerrahileri olarak sıralanabilirken, transtemporal kafa tabanı cerrahileri ve lateral kafa tabanı cerrahileri nörotolojik cerrahi işlemleridir.

Nörotolojik cerrahilerde, işlemin tipine bağlı olarak, alt kraniyal sinir grubu (9, 10, 11, 12. sinir) ve trigeminal sinir (5. sinir) risk altındadır. Bu nedenle intraoperatif sinir monitorizasyonu ve peroperatif yakın takip gerekir (1,2).

¹ Uzm. Dr., Ankara Şehir Hastanesi Anesteziyoloji ve Reanimasyon Kliniği, nihanaydinguzey@gmail.com

KAYNAKLAR

1. Meço C, Tezcaner Z.Ç. Otolojik ve Nörotolojik Cerrahiler Türkiye Klinikleri J Anest Reanim-Special Topics. 2008;1(3):105-11
2. Blevins NH, Jackler RK, V. Nekhendzy, Guta C. Section3.0: Otolaryngology – head and neck surgery. Otolaryngology and neurotology. In Jaffe RA, Samuels SI, Schmiesing CA, Golianu B, eds. Anesthesiologist's Manual of Surgical Procedures, 4th edn. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins; 2009. pp. 239–49
3. Liang S, Irwin MG. Review of anesthesia for middle ear surgery. *Anesthesiol Clin*. 2010;28(3):519-528. doi:10.1016/j.anclin.2010.07.009
4. Nekhendzy V. Anesthesia for otologic and neurotologic surgery. In: Abdelmalak B, Doyle J, eds. *Anesthesia for Otolaryngologic Surgery*. Cambridge: Cambridge University Press; 2012:271-296. doi:10.1017/CBO9781139088312.032
5. Kaur B, Clark MPA, Lea J. Anaesthesia for ear surgery in remote or resource-constrained environments. *J Laryngol Otol*. 2019;133(1):34-38. doi:10.1017/S0022215118001482
6. Svrakic M, Pollack A, Huncke TK, Roland JT Jr. Conscious sedation and local anesthesia for patients undergoing neurotologic and complex otologic procedures. *Otol Neurotol*. 2014;35(10):e277-e285. doi:10.1097/MAO.0000000000000576
7. Vincenti V, Plantone F, Ciavarrò G, et al. Cochlear implantation under local anesthesia and conscious sedation: an Italian experience. *Eur Arch Otorhinolaryngol*. 2021;278(10):3667-3672. doi:10.1007/s00405-020-06419-4
8. Luryi AL, Schettino A, Bojrab DI, et al. Hearing Outcomes and Complications in Stapes Surgery for Otosclerosis Performed Under General or Local Anesthesia. *Otolaryngol Head Neck Surg*. 2021;165(1):157-162. doi:10.1177/0194599820972671
9. Tubachi R, Goel L, Parsekar H. Dexmedetomidine versus Midazolam for Monitored Anesthesia Care during Middle Ear Surgery *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)* 2020 :19(1):1-7 doi: 10.9790/0853-1901080107
10. Verma R, Gupta R, Bhatia V K, Bogra J, Agarwal S P. Dexmedetomidine and propofol for monitored anesthesia care in the middle ear surgery. *Indian J Otol* 2014;20:70-4
11. Jellish WS, Leonetti JP, Buoy CM, Sincacore JM, Sawicki KJ, Macken MP. Facial nerve electromyographic monitoring to predict movement in patients titrated to a standard anesthetic depth. *Anesth Analg*. 2009;109(2):551-558. doi:10.1213/ane.0b013e3181ac0e18
12. Nekhendzy V, Ramaiah VK, Collins J, Lemmens HJ, Most SP. The safety and efficacy of the use of the flexible laryngeal mask airway with positive pressure ventilation in elective ENT surgery: a 15-year retrospective single-center study. *Minerva Anesthesiol*. 2017;83(9):947-955. doi:10.23736/S0375-9393.17.11403-3
13. Ledowski T, Bein B, Hanss R, et al. Neuroendocrine stress response and heart rate variability: a comparison of total intravenous versus balanced anesthesia. *Anesth Analg*. 2005;101(6):1700-1705. doi:10.1213/01.ane.0000184041.32175.14
14. Ünal Y, Kurtipek Ö. Otolojik ve Norotolojik Cerrahilerde Anestezik Yaklaşım Türkiye Klinikleri J Anest Reanim-Special Topics 2008;1(3): 97-104

15. Degoute CS, Ray MJ, Manchon M, Dubreuil C, Banssillon V. Remifentanil and controlled hypotension; comparison with nitroprusside or esmolol during tympanoplasty. *Can J Anaesth.* 2001;48(1):20-27. doi:10.1007/BF03019809
16. Dal D, Celiker V, Ozer E, Bařgöl E, Salman MA, Aypar U. Induced hypotension for tympanoplasty: a comparison of desflurane, isoflurane and sevoflurane. *Eur J Anaesthesiol.* 2004;21(11):902-906. doi:10.1017/s0265021504000262
17. Degoute CS. Controlled hypotension: a guide to drug choice. *Drugs.* 2007;67(7):1053-1076. doi:10.2165/00003495-200767070-00007
18. Dob DP, Shannon CN, Bailey PM. Efficacy and safety of the laryngeal mask airway vs Guedel airway following tracheal extubation. *Can J Anaesth.* 1999;46(2):179-181. doi:10.1007/BF03012554
19. Kim K, Cho C, Bang MS, Shin HI, Phi JH, Kim SK. Intraoperative Neurophysiological Monitoring : A Review of Techniques Used for Brain Tumor Surgery in Children. *J Korean Neurosurg Soc.* 2018;61(3):363-375. doi:10.3340/jkns.2018.0078
20. Pastorelli F, Di Silvestre M, Plasmati R, et al. The prevention of neural complications in the surgical treatment of scoliosis: the role of the neurophysiological intraoperative monitoring. *Eur Spine J.* 2011;20 Suppl 1(Suppl 1):S105-S114. doi:10.1007/s00586-011-1756-z