



BÖLÜM 22

LAPAROSKOPİDE GÜVENLİ ABDOMİNAL GİRİŞ TEKNİKLERİ

Eralp BULUTLAR ¹

1. GİRİŞ

Laparoskopik ameliyatlarda postoperatif ağrı azalma, günlük hayata çok daha hızlı dönüş, laparotomiye kıyasla yara yeri enfeksiyonu ve insizyonel herni gibi komplikasyonlarda azalma sağlayarak adeta bir devrim yaratmıştır.¹ Ancak laparoskopinin de özellikle abdominal giriş sırasında karşılaşılabilen, her ne kadar nadir görülse de ciddi morbidite ve mortalite riski taşıyan bağırsak ve büyük damar yaralanması gibi komplikasyonları vardır.^{2 3 4 5 6}

Bu bölümde laparoskopik giriş teknikleri, portların yerleşim yerleri ve tek port (single port) giriş tekniklerinden bahsedilecektir.

2. KARIN DUVARI ANATOMİSİ

Laparoskopik aletlerin güvenli yerleştirilmesi için karın duvarı anatomisinin bilinmesi önemlidir. Bu aletler sırasıyla cilt, cilt altı dokusu, farklı myofasyal tabakalar, preperitoneal yağ dokusu ve parietal peritonu geçerler.

2.1. Rektus Kılıfı (Vagina Musculi Rekti Abdominis)

İki farklı organizasyon gösterir:

1. Kılıfın, umblicus ile symphysis pubica arası orta noktanın (linea arcuata) yukarisından processus xiphoideus'a kadarki organizasyonu:

Tablo-1: Karın Ön Duvarının Anatomisi (Üstten Alta)

DERİ	
YÜZEYEL FASYA	Karın duvarını örten fasya (fascia superficialis). İki yapraklıdır.
Camper Fasyası	Dış yaprak. Yağ dokusundan zengin.
Scarpa Fasyası	İç yaprak. Klitorisi karın duvarına bağlayan lig.fundiforme clitoridisi yapar.
DERİN FASYA	Karın duvarını örten derin fasya (fascia profunda). Lig. suspensorium clitorisi yapar.

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EVE GÖTÜRÜLECEK MESAJLAR

Laparoskopik ameliyatlarda postoperatif ağrıda azalma, günlük hayata hızlı dönüş, laparotomiye kıyasla yara yeri enfeksiyonu ve insizyonel herni gibi komplikasyonlarda azalma sağlayarak adeta bir devrim yaratmıştır.¹ Ancak laparoskopinin de özellikle abdominal giriş sırasında karşılaşılabilen, her ne kadar nadir görülsede ciddi morbidite ve mortalite riski taşıyan bağırsak ve büyük damar yaralanması gibi komplikasyonları vardır.

Her cerrahın kendine özgü giriş teknikleri olsa da mutlaka her giriş tekniğini bilmeli ve gerektiğinde kullanabilmelidir.

Laparoskopik cerrahilerin komplikasyonlarının yarısına yakınının abdominal giriş esnasında olduğu bilinmeli ve bu komplikasyonların neler olabileceği, olası komplikasyonlar esnasındaki müdahalelerin nasıl yapılabileceği ve hangi aşamalarında yardım çağırabileceği bilinmelidir.

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