

BÖLÜM 33

PELVİK ORGAN PROLAPSUS CERRAHİSİ

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GİRİŞ

Pelvik organ prolapsusu (POP); viseral yapıların, pelvik taban desteğinin kaybını takiben vajen içine doğru yer değiştirmesi olarak tanımlanır. Epidemiyolojik çalışmalara göre POP prevalansı %3 ila %50 gibi geniş bir aralıkta dağılım göstermektedir. Örneğin; hastanın şikayeti sonucu saptanan prevalans oranı %3 ila %10 arasında değişmekte iken bunun yerine muayene bulguları ile saptandığında bu oran % 30 ila %50 lere ulaşmaktadır.^{1,2} POP için olası risk faktörleri arasında; genetik yatkınlık, parite, menopoz, ileri yaş, pelvik cerrahi öyküsü, kollajen doku bozuklukları ve artmış intraabdominal basınç ile ilişkili nedenler bulunmaktadır.³

POP yönetiminde konservatif ve cerrahi tedavi seçenekleri bulunmaktadır.

KONSERVATİF TEDAVİ

Konservatif yaklaşım; yaşam tarzı değişikliği, pelvik taban kas egzersizleri, pesser kullanımı ve medikal tedavi seçeneklerini içermektedir.

Yaşam tarzı değişiklikleri; sağlıklı BMI korunması ve sigara bırakılmasıdır.⁴

Pelvik taban kas egzersizleri; ilk olarak 1948 de postpartum seksüel disfonksiyon ve üriner inkontinansın tedavisi amacıyla Kegel tarafından tanımlanmıştır.⁵ Pelvik tabanın dayanıklılığını ve fonksiyonunu iyileştirmeyi hedefler.⁶ Kas gücünü artırmak için kontraksiyonlar 2 ila 10 saniye sürdürülmelidir.⁷ Her gün düzenli olarak 2 veya 3 seans yapılmalıdır ve her seans 20 dakika içinde 2-10 sn süren 10 sürekli kasılmadan oluşur. Evre 1-2 POP için uygundur.

POP için pesser kullanımı Hipokrat döneminden beri uygulanmaktadır.⁸ Komorbidite varlığında veya ameliyatı reddeden hastalarda kullanılabilir. Birçok pesser tipi mevcuttur ancak en sık kullanılan tipi halka pesserlerdir, her altı ayda bir değiştirilmesi önerilir. Pesser kullanımının olası komplikasyonları; vajinal erozyon, pelvik ağrı, vajinal akıntı, şiddetli stres üriner inkontinans, de novo işeme güçlüğü ve de novo defekasyon güçlüğüdür.^{9,10} Lokalize devaskülarizasyon da dahil olmak üzere pesser tedavisinin komplikasyonları, eşzamanlı topikal östrojenler ve uygun zamanlanmış replasman ile hafifletilebilir, ciddi advers komplikasyonlar nadirdir.¹¹ PESSRI çalışması; halka pesserlerin

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yaklaşımında hasta konforunu iyileştirmesi nedeniyle minimal invaziv seçenekler önceliklidir. Vajinal onarımda doğal doku kullanımını tercih edilir. FDA POP' un vajinal tedavisi için mesh kullanımını durdurmuştur.

5. Rekonstrüktif cerrahide temel yaklaşım tarihsel dayanağı nedeniyle histerektomi olmuştur ancak son yıllarda bu görüş değişmektedir ve uterus koruyucu cerrahi popülarite kazanmıştır.
6. Uterus koruyucu cerrahiye odaklanmış çok sayıda cerrahi teknik tanımlanmıştır ve ideal cerrahi teknik konusunda bir konsensus bulunmamaktadır. Cerrahi tekniklerin avantajları ve dezavantajları için daha fazla çalışmaya ihtiyaç vardır.

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