

## 4. Bölüm

# CERRAHİ SONRASI KRONİKLEŞEN BEL AĞRISI SENDROMU

Savaş ÇÖMLEK

Başarısız bel cerrahisi sendromu (FBSS) olarak bilinen ancak spinal cerrahların postlaminektomi sendromu olarak tanımlanmasını tercih ettikleri klinik tablo temelde kronik bel ağrısının bir alt grubudur. Ağrı tedavisiyle uğraşan hekimlerin en çok zorlandığı tablolardan biri olan başarısız bel cerrahi sendromu daha en baştan tanımlanırken bile ciddi belirsizlikler ve oldukça karmaşık yakınmalarla seyreder. (1) Bu yüzden de bir sendrom olarak ele almak en doğrusudur. Biz bu olguları cerrahi sonrası kronikleşen ağrı sendromu olarak tanımlamak istiyoruz.

Cerrahi sonrası kronikleşen ağrı sendromu (FBSS), Uluslararası Ağrı Araştırma Derneği tarafından “cerrahi girişime rağmen devam eden veya aynı topoğrafik bölgede cerrahi girişimden sonra ortaya çıkan kaynağı tam tanımlanamayan spinal kaynaklı ağrı olarak tanımlanmaktadır. (2)

### ETYOLOJİ

Cerrahi sonrası kronikleşen ağrı sendromu , karmaşık bir etiyojiye sahip olup hastaları kronik ağrıya eğilimli hale getiren birçok faktör tanımlanmıştır. Bu prediktif faktörler genellikle hastalarla ilişkili olan preoperatif faktörler ile intraoperatif ve postoperatif olarak üç grupta sınıflandırılır (2,4-6 ). FBSS gelişimi ile hastanın psikososyal özelliklerinin kuvvetli şekilde ilişkisi olduğu bilinmektedir. Preoperatif olarak, anksiyete, depresyon

tanımlamak gerekir. Kronik ağrının psöşik bileşenlerinin dikkate alınması, adezyolizis uygulamaları, SCS, endoskopik girişimler gibi minimal invaziv yöntemlerin hakkettikleri kadar yaygınlaşması da, hem bu sendromun görülme sıklığını azaltacak, hem de cerrahi sonrası kronikleşen ağrı sendromu tanısı alan hastaların tedavi süreçlerini kolaylaştıracaktır. Tüm benzer durumlarda olduğu gibi cerrahi öncesi ve sonrası süreçlerin multidisipliner bir yaklaşımı gerektirdiğini de her zaman göz önünde bulundurmak gerekir.

## **KAYNAKLAR**

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