

7. Bölüm

KRONİKLEŞEN POSTOPERATİF AĞRININ ÖNLENMESİNDE ANESTEZİK YÖNTEMLER

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Cerrahi komplikasyonlar, ameliyat sonrası uygulanan cerrahi ile ilgili, hastayı doğrudan etkileyen istenmeyen ve arzulananmayan olaylar olarak tanımlanabilirler (1). Her cerrahi işlemin kendisiyle ilişkili komplikasyonları vardır. Kronik postoperatif Ağrı (KPOA) da bir cerrahi komplikasyondur (2). KPOA, gelişen kişilerde duygu-durum bozuklukları, uyku bozuklukları, iş gücü kaybı gibi birçok sosyo-ekonomik sorunlara yol açar (3). KPOA geliştikten sonra bu durumun sağaltımı için harcanacak maddi kaynaklarda toplum ve devletler için ayrı bir yük oluşturur (3,4). KPOA toplumda sık görülmektedir. Görülme oranlarını, risk faktörlerini, gelişmemesi açısından alınabilecek tedbirleri bilmek önemlidir. KPOA ilk olarak 1999 yılında Macrae ve Davis (2) tarafından tanımlandıktan sonra Macrae bu tanımlamayı yenileyerek 'diğer ağrı nedenleri ve özellikle ameliyattan önceki duruma bağlı olarak gelişen ağrılar hariç tutularak, cerrahi girişimden sonra gelişen ve en az iki ay süren ağrı' olarak genişletmiştir (5). 2014 yılında Werner ve Kongsgaard (6) tarafından, cerrahi girişimden önce mevcut olmayan veya ameliyat öncesi ağrıdan farklı özelliklere veya artan yoğunluğa sahip, cerrahi bölgede veya ilgili bölgede lokalize olan ağrı ve ağrının diğer olası nedenleri dışlanarak (örn. kanser nüksü, enfeksiyon) cerrahi girişimden sonra en az üç ay devam eden ağrı olarak, yeniden bir tanım önerilmiştir.

KPOA toplumda oldukça sık görülmekle birlikte oluşumunun altında yatan mekanizma tam olarak anlaşılamamıştır. Cerrahi

KPOA önlenmesinde de anesteziyoloji ve reanimasyon uzmanlarımıza önemli görevler düşmektedir. Özellikle postoperatif ağrı tedavisi hastaya özel kişiselleştirilmiş ağrı tedavisi şeklinde uygulanması son yıllardaki en trend tedavi modalitesidir. Multimodal analjezinin uygulaması pre-intra-postoperatif dönem ve hatta eve taburculuk dönemi dahi düşünülerek bir planlama yapılması önerilmektedir. Bunun için preemptif tedavinin başlanması, noksiyus uyarının devam ettiği sürece ağrı tedavisine devam edilmesi, nöroaksiyel ve periferik rejyonel sinir blok tekniklerinden faydalanılarak cerrahinin büyüklüğüne göre postoperatif ilk 3-5 gün ağrı ile agresif bir şekilde mücadele edilmesi gerekmektedir. Bu şekilde uygulandığı takdirde postoperatif ağrının kronikleşmesi minimize edilebilir görünmektedir.

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