SERVİKAL DİSK HERNİSİ CERRAHİSİ SONRASI REHABİLİTASYON

9. BÖLÜM

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Giriş

Servikal bölge vertebral omurganın en hareketli ve aynı zamanda en zayıf bölgesidir. Merkezi sinir sistemine yakınlığı ve yaklaşık 5 kg ağırlığındaki kafayı taşıması yaralanmalara yatkınlığı arttırır. Servikal disk hernisi(SDH) genç yaştaki boyun ağrısının belli başlı nedenleri arasındadır. Genellikle kendini sınırlayıcı olmasına rağmen, konvansiyonel tedaviye cevap vermeyen, ciddi ve ilerleyici semptomlar ve,nörolojik defisitin olduğu durumlarda cerrahi gerekebilir. Anterior servikal diskektomi ve füzyon, servikal disk artroplastisi, posterior ve anterior servikal foraminotomi kullanılan cerrahi yöntemlerdir. Cerrahi sonrası Rehabilitasyon hedefleri; fiziksel iyileşmeyi hızlandırmak ve psikososyal işlevselliği arttırmaktır. Disk hernisine bağlı ağrı gibi semptomların hafifletilmesi, tedavinin sonuçlarının ve özellikle komplikasyonların değerlendirilerek önlem alınmasını (örneğin; disfaji, disfoni,) içermelidir.

Servikal Bölge Anatomisi

Servikal bölge anatomik olarak; yedi adet servikal vertebra ve C1-C8 olarak adlandırılan 8 servikal sinir, 5 intervertebral disk ve kaslar, tendonlar ile ligamentlerden oluşur.

Vertebralar

Fonksiyonel olarak iki farklı bölüme ayrılmıştır: Üst servikal segment oksiput (O), atlas (C_1) ve aksis (C_2) ve alt servikal segment (C_3–C_7)(1).

C_1, Atlas ve C_2 Aksis yapı ve fonksiyon olarak diğer servikal vertebralardan farklıdır, üst segment atipik servikal vertebralar olarak da adlandırılır (1).

İntervertebral Diskler (İVD)

Vertebra cisimleri arasında bulunan fibrokartilajenöz pedlerdir. Omurganın hem stabilitesini hem de mobilitesini sağlar. İntervertebral diskler üç kısımdan oluşur. Şekil 1'de gösterilmiştir. (2).

1. Nükleus Pulpozus; sıvı jel bir yapı Tip 2 kollojen ve proteoglikandan oluşur. Bu yapıda Tip 2 kollojen ve elastin karmaşık ağ şeklinde birleşmiştir(3).

2. Annulus Fibrozus; lameller yapıda, çoğunlukla Tip 1 kollojen liflerden oluşan gerilmeye dayanıklı konsantrik bir tabakadır ve birbirlerine oblik yerleşmiştir.

3. Son Plak(End Plate); Komşu kemik son plaklara bağlanmış ince hyalin kıkırdaktır. Tip 2 kollojen, proteoglikan ve sıvı içeriğe sahiptir.

İVD ilk üç dekadda ince kan damarlarıyla bes-

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Servikal disk hernisi olan hastaların çoğu, nonoperatif tedavi yöntemi ile düzelmektedir. Dört ila sekiz haftalık nonoperatif tedaviden sonra semptomlarda iyileşme olmayıp, ilerleyici nörolojik defisit varlığında cerrahi düşünülmelidir. Cerrahi yaklaşımın seçimi hastaya, hekime ve disk hernisinin patofizyolojisine göre çok yönlü değerlendirilerek yapılmalıdır. Rehabilitasyon özellikle komplikasyonlar, rezidüel semptomlar ve psikososyal işlevselliğe yönelik yapılmalıdır. Cerrahi sonrası Rijit veya soft servikal boyunluk kişiye özel seçim yapılarak , uygulanan cerrahi yönteme göre, gün içinde, uzun veya kısa süreli, 3 haftalık kullanım tavsiye edilir. Aynı şekilde hastaya göre planlanarak 6-8 hafta Fizyoterapi ve Rehabilitasyon programı uygulanmalıdır.

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