Bölüm
51

Mide Cerrahisi Komplikasyonları

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Ana Konular

- İntraoperatif Komplikasyonlar
- Postoperatif Komplikasyonlar

Cerrahi komplikasyon; ameliyatın planlandığı şekilde gerçekleşmesi durumunda ortaya çıkmaması gereken, operasyonun arzulanmayan, kasıtsız, direkt ve hastayı olumsuz etkileyen herhangi bir sonucudur. Gastrik cerrahi komplikasyonları da, sindirim sisteminde önemli fonksiyonlara sahip bir organ olan mideye yönelik yapılan cerrahi işlemler sırasında (intraoperatif) veya sonrasında (postoperatif [erken ve geç dönemde]) gelişen komplikasyonlardır.

Mide cerrahisi ile ilgili komplikasyonlar erken ve geç komplikasyonlar şeklinde iki başlık altında da sınıflanabilir. **Erken komplikasyonlar** mideye yapılan cerrahi işlemlerle ilişkili olup genellikle patolojik anatomi ile cerrahi teknik ve karardaki hatalardan kaynaklanmaktadır ve ameliyat sırasında veya sonrasında ortaya çıkmaktadır. **Geç komplikasyonlar** ameliyat sonrasında ortaya çıkmaktadır ve değişen gastrointestinal anatomi, fizyoloji ve hormonal aktivite sonucunda gelişmektedir. Mideye yönelik cerrahi işlemler; primer olarak mideden kaynaklanan benign (örn. gastrik ülser komplikasyonları, kanama, yaralanmalar) veya malign (örn. mide kanseri) hastalıklara yönelik olabileceği gibi mideden kaynaklanmayan ancak tedavisi için mideye cerrahi girişim uygulanan mide dışı (örn. metabolik sendrom, morbid obezite, disfaji) hastalıklara yönelik de uygulanmaktadır. Komplikasyonlar doğrudan cerrahi yöntem ve alandan kaynaklanabildiği gibi başka sebeplerle de gelişebilmektedir.

Mideye uygulanan ameliyatlar ana hatları ile mide rezeksiyonu (rezeksiyon: bir organ ya da dokunun tümü veya bir kısmının çıkarılması), bariatrik (ağırlık, kiloyla ilgili) ve metabolik cerrahi, vagotomi+gastrojejunostomi (-tomi: kesmek; -ostomi: ağızlaştırmak) (Resim 1), gastrik fundoplikasyon (Resim 2), beslenme gastrostomisi açılması ve mideye primer sütürasyondan (dikiş atmak) oluşmaktadır.

Rezeksiyonların total, subtotal (proksimal, distal) gastrektomi (-ektomi: kesip çıkarmak) ve bunların radikal türevleri, parsiyel gastrektomi, antrektomi gibi farklı türleri mevcuttur (Şekil 1-3, Resim 3). Bariatrik ve metabolik cerrahide en sık sleeve (kol) gastrektomi, Roux en Y gastrik bypass ve ayarlanabilir gastrik band uygulanmaktadır (Şekil 4). Gastrik cerrahi operasyonlar ciddi komplikasyon riskleri barındıran majör cerrahiler arasındadır. Operasyonlar konvansiyonel (açık), laparoskopik veya robotik yöntemle gerçekleştirilebilmekte; operasyonun şekline ve endikasyonuna bağlı olarak farklı komplikasyonlar farklı oranlarda meydana gelmektedir.

Gastrik cerrahinin her bir komplikasyonu için değişen oranlar bulunmaktadır. Bunun nedeni ülke ve merkezler arası farklılıklar ve de nelerin "komplikasyon" tanımına dahil edildiğiyle ilgilidir. Gastrektomi + lenf nodu diseksiyonu uygulanan hastalarda toplam komplikasyon oranları %5-47 arasında bildirilmiştir.

peristaltizm nedeniyle mide boşalmasında gecikme ortaya çıkmaktadır. Roux en Y rekonstrüksiyonu yapılan hastaların %30'unda görülmektedir. Hastalarda karın ağrısı, bulantı, kusma, abdominal distansiyon ve iştah kaybı ortaya çıkmaktadır. Tanı klinik belirtilerle birlikte değerlendirilen endoskopi (geniş ve açık gastrojejunostomi) ve mide boşalma çalışmaları (sintigrafide boşalmada gecikme) ile konabilmektedir.

Tedavide prokinetik ajanlar (metoklopramit, eritromisin) kullanılmakla birlikte her zaman etkili olmamaktadır. Az ve sık yemek, sıvı gıda şeklinde beslenme ayarlanması faydalı olmaktadır. Ameliyat sırasında klasik yerine uncut-Roux en Y (jejunumu kesmeden, staplerle kapatılarak yapılan) işleminin yapılması bu sorunun önlenmesinde faydalı olabilmektedir. Remnant midenin rezeksiyonu ve Roux en Y özofagojejunostomi uygulanması, total gastrektomili hastalarda beslenme jejunostomisi yapılması da cerrahi tedaviler arasında yer almaktadır.

Remnant Mide Kanseri

Daha önce benign nedenlerle distal gastrektomi yapılan hastalarda geride kalan midede gelişen kanserdir. Gastrojejunal anastomoz yakınında oluşan kanserin gelişiminde kronik inflamasyona yol açan safra ve pankreatik salgıların kronik reflüsünün neden olduğu düşünülmektedir. Kanser ameliyattan en az 5 yıl sonra gelişmekte olup çoğunlukla 15-20 yıl sonra görülmektedir. Tüm gastrik kanserlerin %3-10'unu oluşturmaktadır ve primer gastrik kansere göre prognozu daha kötüdür. Karın ağrısı, kilo kaybı, erken doyma ve üst gastrointestinal kanama gibi belirtilere yol açmaktadır. Tanı endoskopi ve biyopsiyle konmaktadır.

Tedavide remnant midenin total rezeksiyonu (total gastrektomi) uygulanmaktadır.

Diğer

Laparoskopik gastrik bant uygulaması sonrası bant kayması, banta bağlı erozyon; obezite cerrahisi sonrası splenik infarkt, dalak ve karaciğer apseleri, portal ven trombozu ve tromboza sekonder splenik rüptür; postsplenektomi sepsis; remnant midede bezoar oluşumu gibi başka komplikasyonlar da değişen oranlarda ortaya çıkmaktadır.

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