

12. BÖLÜM

SAKRAL NÖROMODULASYON UYGULAMASINDA YENİ TEKNOLOJİLER

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GİRİŞ

Mesanenin iki ana işlevi olan depolama ve/veya işeme disfonksiyonu durumunda hastalar alt idrar yolu semptomları (AÜSS) yaşarlar. Bu semptomlar iki kategoriye ayrılabilir: depolama semptomları; pollaküri, noktüri, ani sıkışma, urge inkontinans, stres inkontinans ve mix tip inkontinans idrar kaçırma ve işeme semptomları; projeksiyon ve kalibrasyonda azalma, kesik kesik işeme, ıknarak işeme, tam olmayan mesane boşalması hissi ve işeme sonrası damlama olarak bilinir. Depolama semptomları, yaygın görülmekte ve hayat konforunu önemli derecede bozmaktadır (1, 2). İnkontinansla veya inkontinanssız işeme aciliyeti Aşırı Aktif Mesane (AAM), mesaneyi tam boşaltamama hissi de genellikle mesanenin yetersiz aktivitesi (MYA) olarak adlandırılır. Her iki cinste prevalansı %11.8- %16.9 arasında değişmektedir (3-4). AAM ve MYA'nın altında yatan nörojenik olmayan; idiyoPATİK ve nörojenik nedenler; omurilik yaralanması, parkinsonizm, multipl skleroz ve spina bifidadır. Nörojenik olmayan ve nörojenik nedenler arasındaki ayırım, tedavi seçimi için önemlidir (5).

Davranışsal terapi, pelvik taban rehabilitasyonu, farmakolojik tedavi gibi non-invaziv tedavi seçeneklerinin sınırlı olması ile birlikte dirençli vakalarda uygulanan intradetrüsör botulinum toksin, augmentasyon enterosistoplasti, detrüsrömiyektomi, mesane denervasyonu ve ürinerdiversiyon gibi morbiditesi yüksek cerrahi prosedürler Sakral Nöromodülasyon (SNM)'a yönelik çalışmaları artırmıştır (6).

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SONUÇ

Nörojen veya nörojen olmayan sebepler nedeni ile gelişen mesane disfonksiyonu tedavisinde SNM yenilikçi bir tedavi yöntemidir. Gelişen teknoloji ile yeni SNM sistemleri hastaların sağlığını ve yaşam kalitesini artırmada umut vericidir.

KAYNAKÇA

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