

29. BÖLÜM

STRES ÜRİNER İNKONTİNANS VE YÖNETİMİ

Tayfun VURAL¹

GİRİŞ

ÜRİNER KONTİNANS: İdrarını istemli olarak tutabilme yeteneğidir. Üri-
ner kontinans, detrusor kasının kontraksiyonu veya intraabdominal basıncın
artışı sırasında üretra basıncının mesane basıncından daha yüksek olması ile
sağlanır.

ÜRİNER İNKONTİNANS: İstemsiz idrar kaçırmadır (1). Hastaların çoğu
utandığı yada ameliyat olmaktan çekindiği için şikayetlerinden bahsetmez. Üri-
ner inkontinans, mortaliteyi artırmaz. Ancak hastanın yaşam kalitesini azaltır.
Hastalarda koit sırasında inkontinansa bağlı cinsel sorunlar, perine enfeksiyon-
ları (kandidiyazis, sellülit) ve hastaların bakım masraflarında artış olabilir.

ÜRİNER İNKONTİNANSTA SINIFLANDIRMA

- 1)Stres üriner inkontinans (SÜİ)
- 2)Sıkışma (Urgency) inkontinansı
- 3)Miks inkontinans
- 4)Taşma (Overflow) inkontinansı

Birçok kadında birden fazla tip birlikte görülebilir (2). İnkontinansın sı-
nıflaması tedavide önemlidir. Tedaviye başlamadan önce inkontinans tipi
sınıflandırılmalıdır.

¹ Uzm. Dr., Tepecik Eğitim Araştırma Hastanesi, Kadın Doğum tayfunvural09@hotmail.com

yüzde 79 olduğu ve ilk ameliyat OÜA ise yüzde 73 olduğu bulundu (111). Önceki inkontinans cerrahisinden sonra TVT uygulanan hastalarda TOT'a göre daha yüksek subjektif ve objektif tedavi oranları bildirmiştir (112).

Geleneksel olarak, otolog fasyalı bir pubovajinal askı, persistan/rekürren SUI için birçok uzman tarafından tercih edilmiştir. Bununla birlikte, ikinci OÜA persistan stres inkontinans için makul bir seçenek olduğuna dair giderek artan sayıda kanıt vardır. Tekrarlanan bir OÜA ameliyatı, pubovajinal askıdan çok daha düşük bir morbiditeye sahiptir (113). Cerrahi tedavilerin tek karşılaştırmalı çalışması, subüretral askıların daha önce iki veya daha fazla kontinans ameliyatı geçirmiş kadınlar için retropubik üretropeksiden (Burch kolposüspansiyon) daha etkili olduğunu bulmuştur (114). Ürodinamik bulgular, cerrahi planlamanın kritik bir parçasıdır. Muayenede üretral mobilite azalmışsa ve ürodinamik bulgular İSY ile uyumluysa (düşük maksimum üretral kapanma basıncı ve düşük Valsalva kaçırma noktası basıncı <60 cmH20), OÜA yerine pubovajinal askı düşünmeliyiz. Pubovajinal askı prosedürü geçiren hastaların klasik bir çalışmasında (hastaların yüzde 80'i daha önce inkontinans nedeniyle ameliyat olmuştu), iyileşme oranı yüzde 81 idi (115). Yapay üriner sfinkter (American Medical Systems 800) ise cihazdan kaynaklanan komplikasyonlar yaygın olduğu için kadınlarda nadiren kullanılır. Bununla birlikte, diğer tedavilere cevap vermeyen şiddetli inkontinansı olan kadınlar, abdominal veya transvajinal olarak yerleştirilebilen yapay sfinkter cihazlarından yararlanabilir.

SONUÇ

SÜİ, modern yaşamda kadınların öncelikli sağlık sorunlarından biri olmaya adaydır. Çünkü gerçek insidansı bilinenin üzerindedir. Ancak ameliyat tekniği ve kullanılan malzemelerdeki gelişmelerin etkisiyle hastaların tedavi olma oranları yüz güldürücüdür.

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