Bölüm
27

NÖROENDOKRİN TÜMÖR CERRAHİSİNDE ANESTEZİ VE KARSİNOİD SENDROM

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GİRİŞ

Karsinoid tümörler olağan dışı, ancak nadir olmayan, metastaz yapma yeteneğine sahip yavaş büyüyen neoplazmlardır. Nöroendokrin hücrelerden köken alırlar ve serotonin, histamin, ve kinin gibi peptidleri salgılayabilirler(1-3). Karsinoid tümör kavramı ilk kez Lubarch tarafından 1888 yılında tanımlanmıştır(4). Karsinoid tümörler nöroendokrin tümörlerin en sık karşılaşılan tipidir.

Cerrahi sırasında genel anestezi protokolüne ek olarak perioperatif ve postoperatif gözlem ve takipte dikkat edilmesi gereken durumlar söz konusudur.

Karsinoid sendromlu hastalarda anestezi yönetiminin zor ya da karmaşıklık durumu olmadığı belirtilmesine rağmen ağır vakalarda gerekli tüm önlemelerin alınmış olması da bazen tek başına yeterli olmayabilir(5).

Bu nedenle iyi bir preoperatif hazırlık ile birlikte dikkatli ve hazırlıklı perioperatif yönetim postoperatif dönemde herkes için tatmin edici neticeler doğurabilir.

PREOPERATİF HAZIRLIK

Preoperatif hazırlık hastanın ihtiyaçlarına, eşlik eden hastalıklara ve organ ve sistemlerin kapasiteleri değerlendirilerek yapılmalıdır. Genel değerlendirme ile hastanın mevcut risk grubu belirlenir.

Hastaların anestezi açısından risk gruplarının belirlenmesinde kullanılagelen ASA sınıflandırması hastanın anestezik riskinin anestezist tarafından öngörülebilir olmasını sağlamaktadır(Tablo 1).

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tonin düzeyi hastaların genel anestezi sonrası uzamış derlenme süresiyle ilişkilidir. Preoperatf dönemde kullanılagelen Oktreotid gibi ilaçlar eğer endikeyse ilk haftadan sonra dozu azaltılarak kullanılmaya devam edilebilir. Operasyon sırasında sıvı ve elektrolit dengesinde bozulma görülme ihtimaline karşılık yakın takip edilmelidir(18). Aşırı sempatik aktiviteyi ve stresi önlemek için iyi bir analjezi çok önemlidir. Fentanil ağrı tedavisinde intravenöz veya epidural kullanımda iyi bir tercihtir(2).

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