

BÖLÜM 6

Omirilik Yaralanmalarında Pulmoner Rehabilitasyon

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GİRİŞ

Omurilik yaralanması (OY), omuriliğin foramen magnumdan kauda ekinaya kadar zorlama, insizyon veya kontüzyon sonucu meydana gelen yaralanmasıdır. Akut travmatik OY tipik olarak yıkıcı sonuçlarla ilişkilidir. OY, omuriliğin; motor, duyu ve otonomik işlevlerine zarar verir, ancak aynı zamanda hastanın fiziksel ve psikolojik durumu da dahil olmak üzere iyiliğini olumsuz etkiler (1,2).

Her yıl dünya çapında yaklaşık 40 milyon insan OY'dan muzdariptir. Bu nüfusun %1'i çocuk olmasına rağmen, bunların çoğu tipik olarak 20 ile 35 yaşları arasındaki genç erkeklerdir. Dünyada en sık OY nedenleri trafik kazaları, ateşli silah yaralanmaları, bıçak yaralanmaları, düşmeler ve spor yaralanmalarıdır. Çocuklarda, en yaygın yaralanma mekanizması motorlu araç kazalarıdır. Çocuklarda omurilik yaralanmalarının % 60-80'lik kısmı servikal bölgede meydana gelir. Kalan % 20-40'lık kısım ise torasik ve lomber bölge arasında eşit olarak bölünür. Erkeklerin kızlara göre spinal travma yaşama olasılığı daha yüksektir. Fonksiyonel durum ile yaralanma seviyesi ve yaralanmanın total veya kısmi olması arasında güçlü bir ilişki vardır. Omurilik yaralanması sadece fiziksel fonksiyonuna ve bağımsızlığına zarar vermekle kalmaz, aynı zamanda yaralanmadan kaynaklanan birçok komplikasyona da sebep olabilir. Pulmoner ve kardiyovasküler problemler, nörojenik barsak ve mesane, idrar yolu enfeksiyonları, basınç ülserleri, ortos-

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kardiyovasküler işlevi etkileyen otonomik işlev bozukluğu, pulmoner işlev bozukluğu, sensorimotor bozukluklar, basınç ülserleri, ağrı ve psikolojik sıkıntıdır. Yaşamın her alanında maksimum işlevsellik ve katılımı sağlamak ve sürdürmek ve OY sonrası akut ve kronik fazlarda komplikasyon riskini azaltmak için uzman bir interdisipliner rehabilitasyon ekibi tarafından birincil rehabilitasyonu ve yaşam boyu takibi gereklidir (63).

Diğer rehabilitasyon türlerinde olduğu gibi OY’de rehabilitasyonda da disiplinler arası bir yaklaşım esastır. Ekip bir fizik tedavi uzmanı tarafından yönetilir ve hasta ailesi, fizyoterapist, uğraşı terapisti, diyetisyen, psikolog, konuşma terapisti, sosyal hizmet uzmanı ve gerektiğinde diğer danışman uzmanlardan oluşur. OY sonrası gelişen pulmoner hastalıklara yönelik yapılan PR programlarında da multidisipliner bir yaklaşım kabul görmektedir.

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