Kısım II

Bölüm 15

Rejyonel Anestezi Yönetimi

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Giriş

Son yıllarda toplumda cerrahi işlem yapılan yaşlı hasta sayısı her geçen gün artırmaktadır. Ek hastalıkları bulunan yaşlı hastalarda, cerrahiye stres yanıtı azaltmak, bulantı, kusma ve konfüzyon gibi postoperatif komplikasyonlardan kaçınmak için lokal veya bölgesel anestezi tercih edilebilir. İşlem süresinin ve postoperatif mobilizasyonun önemli olduğu ileri yaş grubunda rejyonel anestezi yöntemlerinin tercih edilmesi, perioperatif mortalite ve morbiditeyi azaltacaktır. Bu bölümde, geriatrik popülasyonda planlanan rejyonel anestezinin yönetiminden bahsedilecektir.

I. Yaşla İlgili Değişiklikler

Yaşlanmayla ortaya çıkan anatomik ve fizyolojik değişiklikler nöral blok karakteristiğini ve farmako-kinetiğini değiştirir. Nöron sayısındaki azalma, miyelin kılıflardaki deformasyon, omurga anatomisindeki değişim rejyonel anestezi karakteristiğini etkileyebilir (1, 2). Ayrıca perifirik sinirlerdeki akson sayısı yaşla azalır. Özellikle motor sinirlerde iletim hızı düşer (3, 4). Bağ dokusundaki yaşla ortaya çıkan değişiklikler lokal anestezinin dağılımına tesir ederek bloğu değiştirebilir. Genişleyen araknoid villuslar sebebiyle duramater lokal anesteziklere karşı daha geçirgen hale gelir. Muhtemelen yaşlanmayla ilişkili olarak BOS miktarı azalır ve özgül ağırlığı artar (5, 6).

II. Santral Nöral Blok

Uzun etkili ropivakain-levobupivakain ile epidural anestezi yapıldığında yaşlı hastalarda gençlere nazaran daha fazla etki ortaya çıkar. Ayrıca yaşlı hastalarda kaudat segmentte daha hızlı başlangıç olurken bloğun çözülme süresi de daha uzundur. Ancak derlenme süreleri yaştan etkilenmez (7). Epidural anestezide yaşla birlikte

Sonuç olarak, bu bölümde yaşlı hastalarda rejyonel anestezinin çeşitli yönleri ana hatlarıyla açıklanmaya çalışılmıştır. Hakim görüş, yaşlı hastaların lokal anestezik ajanlara karşı daha duyarlı oldukları ve farklı klinik seyir gösterebildikleridir. Yaşlı hastalar, epidural ve spinal anestezi sonrası daha yüksek duyusal ve motor blokaj seviyelerine ulaşabilir ve ayrıca blokaj nedenli hipotansiyona daha yatkındırlar. Bu nedenle, yaşlı hastalarda yan etkileri sınırlamak için bolus lokal anestezik dozları azaltılmalıdır. Rejyonel teknikler iyi ağrı kontrolü, daha az kanama, cerrahi ve stres yanıtın baskılanması ve daha iyi periferik dolaşım gibi faydalar sunar. İskemik kalp hastalığı olanlarda rejyonel tekniklerden 'torasik epidural analjezi' kardiyak morbiditeyi azalttığı sonucuna ulaşılmıştır. Postoperatif rejyonel analjezi pulmoner komplikasyonları azaltarak cerrahi sonucu iyileştirebilir. Rejyonel anestezi fibrinolitik mekanizma üzerindeki olumlu etkileriyle tromboembolik hadiseleri azaltabilir. Bu etki özellikle kalça replasman cerrahisi yapılan yaşlı hastalardaki erken dönem mortalitesinin azalmasına katkı sağlar. Ayrıca abdominal cerrahi geçiren hastalarda epidural analjezinin ileus gelişimini azalttığı bilinmektedir. Bunlara ek olarak yaşlı hastalarda uygulanan rejyonel anestezi tekniklerinin mobidite, mortalite YBÜ'de kalış süresi ve maliyet açısından daha net sonuçlara ulaşılabilmesi için daha geniş kapsamlı çalışmalara ihtiyaç duyulmaktadır.

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