

# Perioperatif Sıvı Yönetimi

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## Giriş

Geriatrik hastalarda perioperatif sıvı yönetimi hasta optimizasyonu ve sonuçlarını büyük ölçüde etkilemesi nedeniyle anestezi uzmanları için büyük önem taşımaktadır. Geriatrik hastalarda değişen sıvı volümleri, hipertansiyon, böbrek yetmezliği gibi komorbid hastalıklar ve hastaların sıvı tedavisine verdiği yanıtlar nedeniyle perioperatif dönemde sıvı tedavisi çok önem taşımaktadır. Uygulanan sıvı bileşimi ve hacmi için değişken öneriler ile intraoperatif sıvı yönetiminde tartışmalar vardır. Bu değişkenliğin olası nedeni klinik olarak en iyi sıvı yönetimine ilişkin kanıtların sınırlı ve düşük kalitede olmasıdır. Uygulamada bireyler ve kurumlar arasında çok değişkenlik vardır. Perioperatif sıvı yönetiminin amaçları, erken perioperatif dönemde kan hacmini korumak, dehidratasyonu önlemek, etkin dolaşım hacmini korumak veya geri yüklemek ve hasta oral sıvı alabilene kadar yetersiz doku perfüzyonunu önlemek olmalıdır. Dolaşan etkin kan hacmini ve basıncı sürdürmek yeterli organ perfüzyonunu sağlayan anahtar bileşenlerdir (1). Tüm bu hususlar göz önüne alınarak, bu bölümde, yaşlı bireylerde perioperatif sıvı yönetimine ilişkin hususlara değinilecektir.

## I. Sıvı ve Elektrolit Dengesi

Geriatrik hastalardaki sıvı ve elektrolit dengesindeki değişiklikleri anlamak sıvı tedavisinin temelini oluşturmaktadır. Toplam vücut suyu, genç bir erkekte %60 - %65 iken yaşla birlikte %50'ye kadar azalmaktadır (2). Toplam vücut suyu; %67 hücre dışı sıvı hacmi ve %33 hücre içi sıvı hacmi olarak dağıtılır. Hücre dışı sıvı hacmi ayrıca %75 interstisyel sıvı ve %25 plazmaya ayrılmıştır. Arterlerin ve damarların duvarlarını oluşturan hücreler ve kapiller endotel hücreleri hücre dışı bölme interstisyel ve intravasküler sıvı olarak ayırır. Su, hücre duvarları ve damarlar boyunca serbestçe hareket eder. Hücre dışı ve hücre içi bölme arasındaki sıvıların

önlemler yararlı olabilir. Otolog kırmızı kan hücrelerinin transfüzyonuna yönelik endikasyonları, allojenik kırmızı kan hücrelerinden daha liberal olabilir.

Sonuç olarak, geriatric hastalarda perioperatif sıvı yönetimi anestezi uzmanları için, cerrahlarla birlikte preoperatif dönemden başlayarak hastanın taburculuğuna kadar titizlikle yürütülmesi gereken multidisipliner bir yaklaşım gerektirmektedir. Geriatric hasta popülasyonu gibi kritik hasta gruplarında hemodinamik monitörizasyonu kılavuzluğunda sıvı resüsitasyonu düzenlenmelidir.

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