

Sedasyon ve Monitorizasyon

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Giriş

Son zamanlarda kısa süreli, hızlı başlangıçlı ve daha az yan etkilere sahip yeni ilaçların artması, pek çok minimal invaziv işlem esnasında, rahatlık, amnezi ve iyi çalışma koşulları konusunda hasta ve hekimlerin beklentilerini arttırmıştır (1). Yaşlı popülasyondaki artış göz önüne alındığında, aşırı yaşlı hastalarda yapılan işlemlerde de belirgin bir artış olması şaşırtıcı değildir. Girişimsel prosedürler için iyi biredasyon ve analjezi uygulaması, yaşlı hastaların daha invaziv cerrahi işlem sayılarının ve bunun sonucunda ortaya çıkan cerrahi morbidite oranlarının ve uzun süreli hastaneye yatışlarınazalmasına katkı sağlayabilir (2). Bu bölümde, yaşlı hastalara ameliyat öncesi veya günübirlik işlemler esnasında uygulanacak sedasyon ve monitörizasyon uygulamaları hakkında dikkat edilmesi gereken temel konulara değinilecektir.

I. Genel Bakış

Sedasyon tanı veya tedavi amacıyla uygulanacak girişimler sırasında hastaların ağrı, rahatsız edici his ya da sesleri duymaması, sonrasında hatırlamaması ve girişim sırasında hareketsiz kalmalarının sağlanması amacıyla oluşturulan uyku benzeri durumdur. İşlemsel sedasyon ve analjezi (İSA) (Procedural sedation and analgesia), teşhis veya tedavi prosedürlerinin etkin bir şekilde uygulanmasını sağlamak için hipnotik ve/veya analjezik ilaçların kullanılmasını ve hastaya olası yan etkiler açısından yakından izlenmesini içerir (3). İSA önceden bilinçli sedasyon olarak adlandırılırken bugün invaziv tanı ve tedavi prosedürleri sırasında anksiyete, huzursuzluk ve ağrıyı hafifletme talebinin artması nedeniyle yaygın bir uygulama haline gelmiştir. Anestezi uzmanlarının ve İSA'yı uygulayan uygulayıcıların rolü ve güvenirligi, yıllarca farklı kurallarda tartışılmıştır. Bu nedenle, Avrupa Anesteziyoloji Derneği (ESA) ve Avrupa Anesteziyoloji Kurulu (EBA), kanıt dayalı bir kılavuz oluşturmuştur. Hem Amerikan Anestezistler Derneği (ASA)

Hastaya ve taburcu olduktan sonra hastaya eşlik etmesi gereken hasta bakıcısına net yazılı talimatlar verilmelidir. Hastayı taburcu eden klinisyen, hangi problemlerin ortaya çıkabileceğini ve nasıl çözüleceğini, ne zaman normal aktiviteye dönebileceğini anlaşılabilir bir şekilde açıklaması gerekir.

Kaynaklar

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