

# Kardiyovasküler Cerrahide Anestezi Yönetimi

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## Giriş

Yaşlı nüfus olarak kabul edilen 65 ve daha yukarı yaştaki nüfus, 2014 yılına göre %16 artarak 2018 yılında 7 milyon 186 bin 204 kişi oldu. Yaşlı nüfusun toplam nüfus içindeki oranı ise 2014 yılında %8 iken, 2018 yılında %8,8'e yükseldi. Nüfus projeksiyonlarına göre, yaşlı nüfus oranının 2023 yılında %10,2, 2030 yılında %12,9, 2040 yılında %16,3, 2060 yılında %22,6 ve 2080 yılında %25,6 olacağı tahmin ediliyor. Ölüm nedeni istatistiklerine göre, 2017 yılında ölen yaşlıların %45,1'i dolaşım sistemi hastalıkları nedeniyle hayatını kaybetmiştir. Yaşlı hasta grubunun genç hastalara göre 4 kat fazla invaziv işlemlere maruz kaldığı göz önüne alındığında, sağlık sistemimize ciddi etkilerinin olacağı göz ardı edilemeyecek bir gerçektir. Çünkü kardiyovasküler cerrahi geçirecek yaşlı hasta sayısı her geçen gün artmaktadır. Sonuçta hastalar ileri yaşta ve hastalıklarının ileri safhalarında doktora başvurumaktadırlar. Bu bölümde, tüm bu yeni durumlar göz önünde tutularak yaşlı hasta popülasyonunda, kardiyovasküler cerrahide anestezi yönetimi ele alınacaktır.

## I. Genel Bakış

Kardiyovasküler sistem (KVS) hastalıkları esasen ileri yaş hastalıklarıdır. ABD'de 60 yaş üzeri yaklaşık 43,7 milyon kardiyovasküler hastalığı olan kişi olduğu tahmin edilmektedir. 2010 senesinde yapılan kardiyovasküler girişimlerin %51'i 65 yaş üstü hastalara uygulanmıştır. Koroner arter hastalığı (KAH), kalp kapak hastalıkları, kalp yetmezliği (KKY) ve atrial fibrilasyon (AF) prevalansı hep yaşla artmaktadır. 80 yaş üzeri erkeklerin %84,7'si ve kadınların %85,9'u kardiyovasküler hastalıkların değişik formlarına sahiptir. Bütün KVS hasta ölümlerinin 2/3'ü 75 yaş üzeri hastalarda meydana gelmektedir (1). Amerika Birleşik Devletleri'nde 1983 yılında, 65 yaş üstü hastalar, Koroner Arter Bypass Greft Operasyonlarının (KABGO) %12'sini oluşturmakta iken; bundan 10 sene sonra ise yarısını

- KABG esnasında uygun antikoagülasyon, ACT gibi hızlı testlerle 30 dakika arayla kontrol edilmeli ve 400-480 saniye arasında tutulmaya çalışılmalıdır.
- Hb <7,5 g/dL olduğunda öncelikle ultrafiltrasyon tedavi seçeneği olmalı, ultrafiltrasyon yapılamıyorsa ve yetersiz ise transfüzyon yapılmalıdır.
- Kan glukoz düzeyleri <180 mg/dL olacak şekilde ayarlanmalıdır.
- Kan elektrolit düzeyleri 30 dakikada bir ölçülmeli, gerekli ise elektrolit replasman yapılmalıdır.

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