KONU 10

Nörocerrahide Sedasyon

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Nörocerrahi alanında, teknolojideki ilerlemelerle paralel olarak yeni tekniklerin kullanımı son yıllarda artmıştır. Fonksiyonel cerrahi konvansiyonel invaziv cerrahi yöntemlere kıyasla morbidite oranı, intraoperatif kanama ve hastanede kalış süresini azalttığı için son yıllarda daha fazla kullanım alanı bulmuştur. Fonksiyonel nörocerrahi, SSS'de yapısal ve anatomik bir bozukluk olsun ya da olmasın, fonksiyonel bir anormalliğin (hareket bozuklukları, kronik ağrılar, psişik problemler gibi) olduğu durumlarda uygulanan girişimlerdir. Bu işlemler için uygulanan anestezi yöntemleri de farklılık göstermektedir. Nörocerrahideki girişimlerin çok büyük çoğunluğu GA gerektiren uygulamalar olup, sedasyonun uygulandığı alanlar kısıtlıdır. Ancak sedasyon uygularken de amaç nörocerrahideki GA uygulamalarında olduğu gibi cerrahiye uygun ortamın sağlanması, beyin perfüzyonunun korunması, otoregülasyonun ve oksijenasyonun sürdürülmesi, hızlı ve nörolojik muayeneye izin veren bir derlenmenin sağlanmasıdır.

Nörocerrahinin uygulanma alanlarına göre sedasyon altında yapılan cerrahi girişimler öncelikle iki alt başlıkta toplanabilir;

1. Kraniyal girişimler: Stereotaktik ve fonksiyonel nörocerrahi
2. Spinal girişimler

1. KRANİYAL GİRİŞİMLERDE SEDASYON

▶ Stereotaktik ve Fonksiyonel Nörocerrahi

Nörofizyolog ve beyin cerrahı Sir Victor Alexander Haden Horsley (1857–1916) ve matematikçi Robert Henry Clarke (1850–1926) ilk stereotaktik cihazı geliştirmiş, stereotaksi terimini de ilk olarak kullanmışlardır (1,2). Kelimenin kökeni Latince olup, stereo (3 boyutlu) ve taxic (düzenleme)

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