

Diş Hekimliği Uygulamalarında Sedasyon

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Ağız ve diş sağlığı genel sağlığı etkileyen ve genel sağlıktan ayrılama-yan önemli bir alandır. Ağız ve diş sağlığının yeterli düzeyde olmaması enfeksiyon hastalıklarına eğilim, sindirim sistemi hastalıkları, vücut ağırlığında değişiklik, uyku ve solunum problemleri, ruhsal sorunlar gibi pek çok sistemik soruna yol açmaktadır. Kalkınmış ülkelerde ağız ve diş sağlığı konusunda yapılan eğitimler ve uygulamaların sayısı çok daha fazladır. Koruyucu hekimlik uygulamaları ile diş sağlığı problemlerinin ortaya çıkmadan önlenmesi amaçlanmaktadır. Diş hekimliğinde önlenmesi mümkün olmayan dental sorunların tedavisi ya da koruyucu hekimlik çalışmalarının yetersizliğinden kaynaklanan sorunların tedavisi etik bir sorumluluktur. Dental tedavi planlamaları yapılırken işlemin hasta ve hekim için güvenilir şartlarda gerçekleştirilmesi birincil derecede önemli olup konfor şartlarının sağlanması da hedeflenmektedir (1).

Günümüzde bilim ve teknolojiye yaşanan gelişmelere bağlı olarak hizmet sunumu birden fazla disiplinin eşgüdüm içinde çalışmasını gerekli kılmaktadır. Diş hekimliği tarihçesine biraz yakından bakıldığında tıpta bu gün başarıyla kullanılan pek çok uygulamanın temellerinin bu alanda atıldığı fark edilecektir. Amerikalı diş hekimi Horace Wells, 1844 yılında ilk defa nitroz oksit (N_2O/O_2) sedasyonu altında ağrısız dental cerrahi işlemler gerçekleştirilebileceğini göstermiştir. William Thomas Morton ise eter inhalasyonu ile hayvan çalışmalarını takiben, kendi ofisinde ağrısız diş çekimleri yapmış ve bu durum 30 Eylül 1846 tarihli gazetelerde başarı öyküsü olarak yer almıştır. 1930'lu yılların sonunda Hubbell ve Krogh maksillofasial cerrahi operasyonlarında tiyopental kullanımını teşvik ederek diş hekimliğinde damar yolu ile sedasyon uygulamalarını başlatmıştır. Ancak tıpta GA ve sedasyon uygulamaları uyanık bir hastada gerçekleştiril-

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