BÖLÜM 54

MİNİMAL İNVAZİV YAKLAŞIMLARIN SEÇİMİ: RİSKLER VE KOMPLİKASYONLAR

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GİRİŞ

Minimal invaziv omurga cerrahisinin amacı, hastanın anatomisine minimum hasar vererek ve oluşacak morbiditeyi en aza indirgeyerek açık cerrahi yaklaşımlara eşit veya daha üstün sonuçlar elde etmektir (1). Mikroskoplar ve tübüler retraktör sistemleri minimal invaziv omurga cerrahisinin temel elemanları olmakla birlikte, bu sistemin geleneksel yöntemlere göre avantaj ve dezavantajları bu bölümde tartışılacaktır.

Cerrahların küçük bir kesi üzerinden hastaya müdahale etmesi deneyim gerektirmektedir ve cerrahların mikroskop üzerinden gördükleri iki boyutlu alanı, kendi zihinlerinde üç boyutlu şekilde algılayabilmeleri önemlidir (2). Tübüler retraktör cihazlarının uzunluğuna ve dokunsal olarak geri bildirimlerine uyum sağlamaları önemlidir. Cerrah minimal invaziv alanda çıkacak komplikasyonlarla baş edebilmeli ve komplikasyonların yönetimini iyi yapabilmelidir. Floroskopi, disk alanı hazırlığı başta olmak üzere sıklıkla kullanıldığından, hastaya ve cerraha radyasyon dozu maruziyeti açık spinal cerrahiye oranla iki kat artmış olarak bulunmuştur (3). Minimal invaziv cerrahi yaklaşımlar teknik olarak zor ve öğrenme eğrisi uzun prosedürlerdir.

1.Servikal Vertebra Cerrahi Yaklaşım Komplikasyonları

Anterior Cerrahi Yaklaşım Komplikasyonları

Açık anterior yaklaşımla yapılan cerrahilerde görülen komplikasyonların hepsi minimal invaziv yaklaşımda da karşımıza çıkmaktadır.

Özefagus yaralanması, trakea yaralanması, karotis veya vertebral arter yaralanması, yutma güçlüğü ve disfoni bu komplikasyonların en önemlileridir. Laringeal rekürren sinir, direkt travma, nöropraksi, azalmış kapiller akıma bağlı iskemi ve longus kolli kası üzerine retraktör basısı sonucu felce uğrayabilir. Anatomik olarak sol taraflı anterior yaklaşım sinirin seyri göz önüne alındığında yaralanma açısından daha avantajlı gibi görünse de iki taraflı yaklaşım arasında sinir hasarı açısından fark olmadığını belirten yayınlar da bulunmaktadır (4).

Özefageal yaralanma direkt travmaya veya aşırı retraksiyona bağlı olarak ortaya çıkabilir ve anlaşılmadığı takdirde mediastinit, pnömoni, prevertebral veya retrofaringeal abse, trakeoözefageal fistül gibi yaşamı tehdit eden komplikasyonlara yol açar.

Karotis arteri veya vertebral arter anterior yaklaşımla daha seyrek olarak yaralanmakla

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