

## BÖLÜM 56

# İMLANT YERLEŞTİRME VE FİKSASYON NEDENLİ MİNİMAL İNVAZİV OMURGA CERRAHİSİ KOMPLİKASYONLARI



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### GİRİŞ

Minimal invaziv omurga cerrahisi (MİOC), radyografik sonuçlara güçlü bir vurgu yapan geleneksel açık cerrahi tekniklerin kabul gördüğü, bununla beraber teknoloji odaklı ve klinik sonuçları iyileştiren tekniklerinin popülerleştiği bir dünyada gelişti. MİOC'nin önemli bir öğrenme eğrisi olması nedeniyle bazı zorlukları vardır. Öğrenme eğrisinin başlarında vakalar daha karmaşık hale gelebilmektedir. Aynı zamanda biyolojik füzyonun kalitesi ve MİOC teknikleriyle elde edilen dekompresyonun yeterliliği konusunda halen endişeler mevcuttur.

MİOC'nin hedefleri spinal patolojiyi hedefleyip çevre yumuşak dokulara en az zararı vererek yeterli dekompresyon, stabil fiksasyon, solid füzyon, stabil bir omurga ve minimal yara izleri elde ederek etkili ve efektif bir tedavi yapmaktır (1). MİOC ile ilgili çeşitli ilkelerin olduğunu vurgulamakta fayda vardır. Cilt kesileri uygun yerlerden ve kozmetik görünüşü en az etkileyecek şekilde yapılmalıdır. Cerrahi süreye dikkat edilmeli ve çevre yumuşak dokuya çok az zarar verilmelidir. Cerrahi alanın genişliği, hedef patolojiyi ortaya koyacak ve uygun tedavinin teknik kısıtlamalar olmaksızın yapılmasına olanak verecek kadar yeterli olmalıdır. Son olarak, cerrahi sonrası izler ihmal edilebilir olmalı ve

yaşam tarzına hızlı bir dönüş sağlanmalıdır (1).

### Öğrenme Eğrisi

MİOC ile ilgili en önemli zorluklardan biri dar bir cerrahi alanda kısıtlı görüş ile çalışmadaki teknik zorluktur. Açık yaklaşımlar sırasında referans olarak kullanılan anatomik yapıların çoğu minimal invaziv cerrahi sırasında görünmez ve dezoryantasyona neden olabilir (2). Geleneksel açık cerrahi ile uğraşan bir omurga cerrahinin MİOC'de ustalaşması için belirgin bir öğrenme eğrisi vardır (3–6). Özel retraksiyon sistemleri, bilgisayar destekli navigasyon teknolojileri ve kadavra kursları sayesinde bu öğrenme eğrisi azalabilmektedir (5).

Yapılan bir derlemede, dekompresif prosedürlerin öğrenme eğrisi sırasında görülen en yaygın komplikasyonun durotomi, füzyon prosedürlerinin en yaygın komplikasyonlarının implant malpozisyonu nöral yarlanma ve kaynamama olduğu gösterilmiştir. Bu derlemede genel postoperatif komplikasyon oranı %11'dir (966 vakanın 109'u). 20-30 ardışık vakanın ardından ameliyat süresi ve komplikasyonlar için öğrenme eğrisinin düzleştiği gösterilmiştir (7).

MİOC öğreniminde anahtar noktanın cerrahi sırasında ideal giriş noktasını ve yönelimi mükemmelleştirmek olduğu sıklıkla belirtilmektedir. TLİF sırasında tübüler dilatatörün baş-

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lemede TLİF için %99.2 (%96.4-%99.8), ALİF için %97.2 (%91.0-%99.2) ve AxiaLİF füzyon için %90.5 (%79.0-%97.0) başarı bildirilmiş (p=0.005) (89).

## SONUÇ

MİOC teknikleri ve teknolojisi son yıllarda önemli ölçüde ilerlemiştir. Herhangi bir yeni teknik ve teknolojinin uygulanmasında, aşılması gereken bir öğrenme eğrisi vardır. Cerrah morbiditeyi en aza indirmek ve sonucu optimize etmek için her teknikle ilgili yaklaşım ve implant ile ilişkili komplikasyonları iyi bilmeli ve anlamalıdır.

Anahtar Kelimeler: Komplikasyon, minimal invazif , perkutan pedikül vidası, mikrodiskektomi, mikrodekompresyon, interspinöz implantlar, LLİF, TLİF, ALİF, OLİF, interbody füzyon.

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