

BÖLÜM 9

Perianestezik Değerlendirme ve Hazırlık



Özlem YILMAZ¹

GİRİŞ

Vajinal doğum için nöroaksiyel analjezi uygulamasından önce gebe değerlendirmesi çok önemli olup buna fetüs değerlendirilmesi de dahil edilmelidir. Bu değerlendirmenin obstetrisyen ile birlikte yapılması ideal olur.

Tüm gebeler anestezi tarafından görülerek nöroaksiyel analjezi yönünden değerlendirilmelidir. Hastanın mevcut hastalıkları, ilaç kullanımı, allerji öyküsü ve önceki anestezi deneyimleri detaylı bir şekilde sorgulanmalıdır. Obstetrisyen ile görüşülerek obstetrik anamnezi detaylandırılmalı gebeliğin indüklediği hipertansiyon, preeklampsi, HELLP sendromu, diyabet gibi patolojiler sorgulanmalıdır. Gebeliğin indüklediği bu patolojilerin kanama ve pıhtılaşma mekanizmasını etkileyebileceği unutulmamalıdır.

Gebelikte pek çok pıhtılaşma faktörünün kan düzeyleri artar ve bir hiperkoagülabilité durumu oluşur. Pıhtılaşma faktörlerindeki artış doğum sırasında gerçekleşen akut kanamanın sınırlandırılması için gelişmiş bir adaptasyon mekanizmasıdır. Ancak bu hiperkoagülabilité durumu maternal mortalite nedenlerinden biri olan tromboembolik olaylara da yol açabilir (1). Tromboz hikayesi olan ve obezite, hemoglobinopati, hipertansiyon, sigara kullanımı gibi risk faktörlerini taşıyan gebelere terapötik veya profilaktik dozda antikoagülan uygulanır. En sık kullanılan antikoagülan ilaçlar fraksiyone olmayan heparin, düşük molekül ağırlıklı heparin (DMAH) ve warfarindir (2). Hiperkoagülabilité hastaları antikoagülan kullanımı açısından detaylı bir şekilde sorgulanmalı

¹ Uzm. Dr., Balıkesir Devlet Hastanesi, Anesteziyoloji ve Reanimasyon Bölümü, drozlemyilmaz5@gmail.com

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