

# BÖLÜM 14

## Özel Durumlarda Doğum Analjezi Yönetimi



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### GİRİŞ

Uluslararası ağrı arařtırmaları derneđi (International Association for the Study of Pain=IASP) ağrıyı, vücudun herhangi bir yerinden başlayan, organik bir nedene bađlı olan veya olmayan, kiřinin geçmişteki deneyimleri ile ilgili, sensoriyel, emosyonel, hoş olmayan bir duygu olarak tanımlamıřtır (1).

Dođum eylemi bilinen ve tanımlanan en řiddetli ağrılardan biridir. Dođum ağrısı, duygusal sıkıntılara ek olarak fizyolojik deđiřikliklerinde (artan oksijen tüketimi, hipokarbi ve solunumsal alkalozu neden olan hiperventilasyon, gastrik inhibisyon, artmış mide asiditesi, lipoliz, artan periferik vasküler direnç, artan kardiyak output, artan kan basıncı, plasental perfüzyonda azalma, deđiřen rahim aktivitesi, travma sonrası stres bozukluđu gibi dođum sonrası psikolojik etkiler) olduđu karıřık bir durumdur (2). Ağrı, maternal ve fetal organ sistemleri üzerinde nöroendokrin stres yanıtına neden olur. Ağrıya bađlı oluřan kardiyopulmoner fizyolojik yanıtlar genellikle normal gebelikleri olan sađlıklı gebeler tarafından iyi tolere edilebilir, ancak kardiyopulmoner hastalıđı olan veya eřlik eden sistemik hastalıđı olan gebelerde endiře verici olabilir.

Bu bölümde eřlik eden sistemik hastalıđı olan gebelerde dođum analjezisi olası komplikasyonlar ve dikkat edilmesi gereken unsurlar anlatılmıřtır.

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