

22. BÖLÜM

LAPAROSKOPİK HİYATUS CERRAHİSİ

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Laparoskopik Nissen Fundoplikasyonu

Dr. Rudolf Nissen (1896-1981), 1950'lerde şiddetli reflü özofajit tedavisi için ilk fundoplikasyonu tanımlamıştır. Orijinal prosedürü, mide fundusunun özofagusu hem ön hem de arkadan 360° sarılması olarak tanımlanmıştır. Standart Nissen fundoplikasyonu birçok kez değiştirilmiş olmasına rağmen, laparoskopik Nissen fundoplikasyonu artık Gastro-özefageal reflü hastalığı (GÖRH) tedavisi için standart cerrahi yaklaşım olarak kabul edilmektedir.⁽¹⁾

Antireflü cerrahisi ve tıbbi tedavinin göreceli etkililiği hakkında önemli tartışmalar olmuştur. Sistematik bir inceleme, iki tedavi yaklaşımının benzer etkinliğe sahip olduğu sonucuna varmıştır.⁽²⁾ Literatürdeki bazı çalışmalar, antireflü cerrahisinin uzun vadeli sonuçlarının tıbbi tedaviden daha üstün olabileceğini öne sürmektedir.^(3, 4)

Amerikan Gastroenteroloji Koleji'nin (ACG) 2013 kılavuzunda "cerrahi tedavinin, deneyimli bir cerrah tarafından yapıldığında dikkatlice seçilmiş kronik GÖRH'li hastalar için tıbbi tedavi kadar etkili olduğu" belirtilmiştir.⁽⁵⁾ Uygun şekilde seçilmiş hastalarda, laparoskopik reflü cerrahisi, ömür boyu tıbbi tedaviden daha uygun maliyetli olabilir.^(6, 7)

Laparoskopik Nissen fundoplikasyonu, geleneksel açık yaklaşıma göre avantajlara sahip olabilir; gelişmiş kozmesis, daha az morbidite, daha kısa hastanede

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2014 yılı sistematik bir incelemesi ve meta analizi çalışmalara dayanarak, iki çalışma ve 12 retrospektif çalışmanın, tam veya kısmi fundoplikasyonun üstünlüğünü gösterememektedir.⁽³⁸⁾

Anterior ile Posterior Fundoplikasyon Karşılaştırması

Laparoskopik anterior fundoplikasyon (LAF; 90 ila 180° sarma); postfundoplikasyon semptomlarını azaltmak için laparoskopik posterior fundoplikasyona (LPF; 180 ila 360° sarma) bir alternatif olarak önerilmiş ancak daha yüksek oranlarda reflü nüksüne sahip olduğu bildirilmiştir.^(39, 40, 41)

Toplam 840 hastayı kapsayan dokuz randomize çalışmanın meta-analizi, LPF'yi daha iyi mide ekşimesi kontrolü ile ancak LAF ile daha düşük postoperatif disfaji riski ile ilişkilendirmiştir.⁽⁴²⁾ LAF ve LPF'de benzer hasta memnuniyeti skorları mevcuttu ve yeniden ameliyat oranlarında fark saptanmamıştı.⁽⁴²⁾

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