

47. BÖLÜM

JİNEKOLOJİDE LAPAROSKOPİK CERRAHİNİN YERİ

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GİRİŞ

Son otuz yıl içerisinde teknolojiadaki gelişmeler ve artan deneyim ile birlikte tüm cerrahi branşlarda olduğu gibi jinekolojide de laparoskopinin kullanımı yaygınlaşmış ve laparotomik olarak uygulanan birçok prosedür sıklıkla laparoskopik olarak uygulanmaya başlanmıştır (1). 1970' lerde tubal sterilizasyonla başlayan operatif laparoskopiye 1980' lerde adneksiyal cerrahi, miyomektomi ve histerektomi eklenmiştir (2, 3). Özellikle son on yılda pelvik organ prolapsusu, üriner inkontinans ve jinekolojik kanserler de laparoskopik olarak tedavi edilmektedir (4-6). Laparoskopinin hızlı iyileşme süresi, hastanede kalış süresinin daha az olması, günlük aktivite ve çalışma yaşantısına erken dönüş, daha estetik yara iyileşmesi gibi avantajları mevcuttur. Bunun yanısıra laparotomiye göre daha az adezyon oluşumu fertilitenin sorun olabileceği hastalar için özellikle önemlidir (7). Laparotomiye kıyasla laparoskopi sonrası daha az ateşli hastalık, daha düşük idrar yolu enfeksiyonu sıklığı, daha az postoperatif ağrı olduğu randomize çalışmalar sonucu gösterilmiştir (8).

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kadınların yüzde 80' inde pelvik organ prolapsusu (POP) ve stres üriner inkontinans (SUI) bir arada görülmektedir (69). Ön veya arka vajinal duvar prolapsusun (sistorektosel) onarımı tipik olarak transvajinal olarak yapılır. Apikal prolapsusun onarılması abdominal veya transvajinal yaklaşımla yapılabilir. Sakrokolpopeksi ile abdominal apikal prolapsus onarımı transvajinal onarıma (Sakrospinöz fiksasyon, uterosakral ligament fiksasyonu) göre daha az nüks, daha kısa iyileşme süresi, ve daha az morbiditeye sahiptir (70). Bu nedenle en sık uygulanan prosedür abdominal sakrokolpopeksidir. Laparoskopik sakrokolpopeksi, açık sakrokolpopeksi kadar etkilidir ayrıca kan kaybının daha az olması, hastanede kalış süresinin kısalması avatajlarını sunar (71-73). Apikal prolapsus onarımı planlanan kadınlarda SUI' yi tedavi etmek veya önlemek için sıklıkla ek bir kontinans prosedürü uygulanır. Burch kolposüspansiyonu (aynı zamanda retropubik üreteropeksi olarak da adlandırılır), stres üriner inkontinansın tedavisi ve önlenmesi için etkili bir prosedürdür. Mevcut uygulamada, Burch kolposüspansiyonu tipik olarak semptomatik SUI olan kadınlarda laparoskopik sakrokolpopeksi ile kombinasyon halinde veya sakrokolpopeksi sonrası SUI geliştirmesi muhtemel, ilerlemiş prolapsusu olan kadınlarda profilaktik bir prosedür olarak gerçekleştirilir. Bununla birlikte, laparoskopik veya robotik Burch prosedürlerinin, transvajinal mid üretral sling prosedürlerine kıyasla teknik olarak daha zor olması nedeniyle, çoğu cerrah, SUI tedavisi için sakrokolpopeksi sırasında bir transvajinal mid üretral sling prosedürü uygular.

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