

Cerrahi Komplikasyonlar

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GİRİŞ

Yaşlı popülasyonun ve obezite prevalansının artmasıyla dünya genelinde yaklaşık 1 milyar kişide gözlenen Obstrüktif Uyku Apne (OUA) önemli bir halk sağlığı sorunu haline gelmiştir (1). OUA sendromu, uyku sırasında üst solunum yolunun (ÜSY) intermitan ve rekürren parsiyel veya tam kollaps epizodlarıyla seyreden, en sık gözlenen uykuda solunum bozukluğudur (2). Bu epizodlar ÜSY’nda hava akımının azalmasına (hipopne) veya tamamen kesilmesine (apne) yol açar (3). Apne ve hipopne sırasında düşük alveoler ventilasyon PaCO₂’da kademeli bir artışla arteriyel kandaki SpO₂’nu azaltır. Nokturnal hipoksi ve sistemik inflamasyonlar, kardiyovasküler ve serebrovasküler komorbiditeye neden olur (4). Tedavi edilmezse aşırı gündüz uykululuk haline (somnolans), nörokognitif yetersizliğe, trafik kazalarına, düşük yaşam kalitesine, sağlık ve sosyal maliyetlerin artışına yol açar (5).

Sürekli Pozitif Hava Yolu Basıncı (CPAP), orta ve ağır şiddette OUA tedavisinde ilk tedavi seçeneği olmasına rağmen uzun süreli hasta kabul ve uyumu %50-70 oranındadır (6,7). Yumuşak doku ve iskelet modifikasyon cerrahileri, bariatrik cerrahi, pozisyonel tedavi, hipoglossal sinir stimülasyonu, myofonksiyonel tedavi, karbonik anhidraz inhibitörleri CPAP’a güncel alternatif tedavilerdir (8). 1990’ların başında tanıtılan ilk OUA multilevel cerrahisi olan Faz I cerrahi tedavi, uvulopalatofaringoplasti (UPPP), genioglossus ekspansiyon

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liyetinin yüksek olması dezavantajlarıdır. Güncel literatürde Robo-Cob tekniği dil kökü cerrahisinde kısa operasyon süresi ve düşük postoperatif erken dönem komplikasyon riskiyle popülerlik kazanmıştır.

Yeni uyku cerrahisi tekniklerinin kanıtlarının azlığı ve heterojenliği göz önüne alındığında, bu umut verici sonuçları doğrulamak için multilevel cerrahileri içermeyen, her bir ayrı teknik için daha uzun süre takipli ve daha fazla sayıda hasta içeren randomize kontrollü çalışmalara ihtiyaç vardır.

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