

BÖLÜM 16

HERNİ AMELİYATLARINDA ANESTEZİ

Tuğçehan SEZER AKMAN¹

Ahmet ŞEN²

ÖZET

Herni cerrahisi sık gerçekleştirilen cerrahi prosedürlerdendir. Herni operasyonlarında anestezi tipine karar verirken hasta güvenliği ve hastanın operasyon öncesi durumuna en hızlı şekilde donebilmesi dikkat edilecek başlıca hususlar olmakla birlikte hasta ve cerrah memnuniyeti ile maliyet de göz önünde bulundurulmalıdır. Cerrahi için genel anestezi, spinal/ epidural anestezi ve lokal infiltrasyon yöntemleri kullanımla birlikte özellikle postoperatif ağrıya yönelik ultrason kullanımıının gelişimi ve yaygınlaşmasıyla periferik sinir blokları popüler hale gelmiştir.

¹ Uzm. Dr, Alaca Devlet Hastanesi, Anesteziyoloji ve Reanimasyon, tgchnsrz@gmail.com

² Doç. Dr, Trabzon Kanuni Eğitim ve Araştırma Hastanesi, Anesteziyoloji ve Reanimasyon Bölümü, ahmetsenau@gmail.com

tedir. İnguinal herni cerrahilerinde postoperatif ağrı kontrolünde QL bloğu kadar etkili olduğu gösterilmiştir (21).

Paravertebral blok intervertebral foramenlerden çıkan spinal sinir köklerine lokal anestezik uygulaması ile segmental analjezi oluşturmayı hedefler. T10 ve L1 seviyelerini içeren 2 segmentli paravertebral blok uygulanan hastalarda yüksek başarısızlık oranı nedeniyle tek başına intraoperatif anestezi tekniği olarak önerilmemiştir. Ancak postoperatif analjezi süresinde uzama, stabil intraoperatif hemodinami ve erken ambulasyon gibi avantajlarından dolayı multiple seviyeli paravertebral bloklar önerilmektedir (26).

KAYNAKLAR

1. Li L, Pang Y, Wang Y, Li Q, Meng X. Comparison of spinal anesthesia and general anesthesia in inguinal hernia repair in adult: a systematic review and meta-analysis. *BMC Anesthesiol.* 2020;20(1):64.
2. Schumpelick V, Arlt G, Conze J, et al. *Hernia Surgery*. Thieme. 2019; 60-65.
3. Burney RE, Prabhu MA, Greenfield ML, Shanks A, O'Reilly M. Comparison of spinal vs general anesthesia via laryngeal mask airway in inguinal hernia repair. *Arch Surg.* 2004;139(2):183-187.
4. Lv J, Zhang Q, Zeng T, Li XF, Cui Y. Regional block anesthesia for adult patients with inguinal hernia repair: A systematic review. *Medicine (Baltimore)*. 2022;101(38):e30654.
5. Hope WW, Cobb WS, Adrales GL. *Textbook of Hernia*. Springer. 2017;43:48.
6. Jairam AP, Kaufmann R, Muysoms F, Jeekel J, Lange JF. The feasibility of local anesthesia for the surgical treatment of umbilical hernia: a systematic review of the literature. *Hernia*. 2017;21(2):223-231.
7. O'Dwyer PJ, Serpell MG, Millar K, et al. Local or general anesthesia for open hernia repair: a randomized trial. *Ann Surg.* 2003;237(4):574-579.
8. Balentine CJ, Meier J, Berger M, et al. Using Local Anesthesia for Inguinal Hernia Repair Reduces Complications in Older Patients. *J Surg Res.* 2021;258:64-72.
9. Simons MP, Aufenacker T, Bay-Nielsen M, et al. European Hernia Society guidelines on the treatment of inguinal hernia in adult patients. *Hernia*. 2009;13(4):343-403. 7
10. Campanelli G, Bruni P. G., Lombardo F. Et al. Local Anesthesia in Inguinal Hernia: Indications and Techniques. *The Art of Hernia Surgery*. 2018; 217-223.
11. Sürek A, Bozkurt MA, Ferahman S, Gemici E, Dönmez T. Laparoscopic Total Extraperitoneal Inguinal Hernia Repair Under Epidural Anesthesia Versus General Anesthesia. *Surg Laparosc Endosc Percutan Tech.* 2020;30(5):471-475.
12. Meier J, Berger M, Cullum M et al. Local Anesthesia Can Reduce Complications in Adults Undergoing Umbilical Hernia Repair. *Journal of the American College of Surgeons*: October 2020;231(4):100-101.
13. Zuvela M, Galun D, Bogdanovic A, et al. Management of epigastric, umbilical, spigelian and small incisional hernia as a day case procedure: results of long-term follow-up after open preperitoneal flat mesh technique. *Hernia : the journal of hernias and abdominal wall surgery*, 2021; 25(4), 1095–1101.
14. Maurya NK, Shadab A, Saleem T et al. To compare the outcome of inguinal hernia repair under local and spinal anesthesia. 2022 5(3), 122-128

15. Wongyingsinn M, Kohmongkolodom P, Trakarnsanga A et al. Postoperative clinical outcomes and inflammatory markers after inguinal hernia repair using local, spinal, or general anesthesia: A randomized controlled trial. *PloS one*, 2020; 15(11), e0242925.
16. Fouad A Z, Abdel-Aal I, Gadelrab M et al. Ultrasound-guided transversalis fascia plane block versus transmuscular quadratus lumborum block for post-operative analgesia in inguinal hernia repair. *The Korean journal of pain*, 2021; 34(2), 201–209.
17. Demirci A, Efe EM, Türker G et al. Bloqueio dos nervos ilio-hipogástrico/ilioinguinal em correção de hérnia inguinal para tratamento da dor no pós-operatório: comparação entre a técnica de marcos anatômicos e a guiada por ultrassom [Iliohypogastric/ilioinguinal nerve block in inguinal hernia repair for postoperative pain management: comparison of the anatomical landmark and ultrasound guided techniques]. *Revista brasileira de anestesiologia*, 2014; 64(5), 350–356.
18. Ahuja V, Thapa D, Nandi S et al. To evaluate the effect of quadratus lumborum block on the tramadol sparing effect in patients undergoing open inguinal hernia surgery: A randomised controlled trial. *Indian journal of anaesthesia*. 2020; 64(3);198–204.
19. Kwon W, Bang S, Soh H et al. Abdominal peripheral nerve block as the only anesthetic technique for totally extraperitoneal endoscopic inguinal hernia repair: Two case reports. *Medicine*. 2018; 97(24), e10964.
20. Kartalov A, Jankulovski N, Kuzmanovska B et al. The Effect of Rectus Sheath Block as a Supplement of General Anesthesia on Postoperative Analgesia in Adult Patient Undergoing Umbilical Hernia Repair. *Prilozi (Makedonska akademija na naukite i umetnostite. Odjelenie za medicinski nauki)*. 2017;38(3);135–142.
21. Ikuta Y, Kato H, YNishiwaki Y et al. Peripheral Nerve Block Combined with Epidural Anesthesia for Incarcerated Inguinal Hernia Repair in a Patient with Severe Chronic Obstructive Pulmonary Disease: A Case Report. *Open Journal of Anesthesiology*. 2022;12(3);105–112
22. Canakci E, Cihan M, Altinbas A et al. Efficacy of ultrasound-guided Transversus Abdominis Plane (TAP) block in inguinal hernia surgery and the immunomodulatory effects of proinflammatory cytokines: prospective, randomized, placebo-controlled study. *Brazilian journal of anesthesiology (Elsevier)*. 2021; 71(5), 538–544.
23. Paasch C, Aljedani N, Ortiz P, et al. The transversus abdominis plane block may reduce early postoperative pain after laparoscopic ventral hernia repair a matched pair analysis. *Ann Med Surg (Lond)*. 2020;55:294-299.
24. Makhni R, Attri JP, Kaur H, et al. Comparison of ultrasound-guided transversus abdominis plane (TAP) block and quadratus lumborum (QL) block in inguinal hernia surgery. *Indian journal of anaesthesia*. 2022;66(2);122–125.
25. Zhou Y, Chen M, Zhang Y, Zhou H, Yu X, Chen G. Ilioinguinal/iliohypogastric nerve block versus transversus abdominis plane block for pain management following inguinal hernia repair surgery: A systematic review and meta-analysis of randomized controlled trials. *Medicine (Baltimore)*. 2019;98(42):e17545.
26. Rani KR, Vaishnavi R, Vikas KN, Ashok MS. Comparison of Paravertebral Block with Conventional Spinal Anesthesia in Patients Undergoing Unilateral Inguinal Hernia Repair. *Anesth Essays Res*. 2020;14(1):29-32.