10.
BÖLÜM

AĞRI TEDAVİSİ

Çile AKTAN [1]
Didem AKÇALI [2]

ÖĞRENİM HEDEFLERİ

Bu bölüm sonunda okuyucu;

- Farmakolojik ağrı tedavisinin etkileri ve yan etkilerini tanımlayabilmeli,
- Girişimsel analjezi yöntemlerini sıralayabilmeli,
- Cerrahi analjezi yöntemlerini ve uygulandığı hasta gruplarını açıklayabilmeli.

GİRİŞ

Her türden kronik ağrı, yalnızca hastaların ıstırabından sorumlu değildir, aynı zamanda toplum için önemli maliyetlere de sebep olur. Acı miktarı ölçülemese de, yalnızca Amerika Birleşik Devletleri'ndeki ekonomik ağrı yükünün sağlık hizmetlerinde yılda 650 milyar dolar olduğu ve üretkenlik kaybı olduğu tahmin edilmektedir. Ağrı, genellikle doku hasarının meydana geldiğini gösteren çok sayıda tıbbi sorunun ortak bir semptomudur. Ağrı hoş olmasa da, aynı zamanda iyileşmeyi teşvik etmek için yararlı bir mekanizmadır; hastayı etkilenen bölgeyi dinlendirmeye ve tıbbi yardım aramaya zorlar.

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Ağrının azalması için 3 ay beklenir. İlk yanıt %70'tir; 3 yılda %50'ye düşer. Medikal tedavinin bazen devamı gerekir. Atipik TN hastalarında medikal tedavi tercih edilir .[59-61]

10.3.11 Motor korteks uyarılması (MCS): Motor korteks uyarılması, santral ağrılarda, ağrılı trigeminal nöropatide ve inme sonrası ağrılarda yeni ve ümit verici bir tedavidir (38). Deafferantasyon ağrısında da, motor korteks uyarılması yanı sıra temporal manyetik uyarılma (rTMS) ve dorsal kolon uyarılması (tDCS) uygulanabilir .[62]

10.3.12 Derin beyin uyarılması (DBS): Nöropatik ağrı, inme sonrasındaki gibi beyin lezyonuna veya trigeminal lezyona bağlıysa derin beyin uyarılması (DBS) kullanılır.

ÖZETLE,

Ağrı tedavi yöntemleri çeşitli olsa ve zamanla değişiklik gösterse de, ağrı çekmenin çok zor olduğu, ağrı tedavisinin insanlık hakkı olduğu hep geçerlidir. Her tedavide olduğu gibi hastaya zarar vermemek en önemli prensiptir. Bunun yanında ağrı tedavisinin kanser hastalarında ve akut ağrılarda acil bir gereksinim olduğu da akılda tutulmalıdır.

Ağrı tedavisi her hastanın özelinde hastalığına, tıbbi geçmişine göre bireysel olarak planlanmalı, uygulamada hastanın tedaviye katılması, ağrının tekrar değerlendirilmesi, yan etkilerle mücadele ihmal edilmemelidir. Tedavi yöntemlerinin hangisi uygulanırsa uygulansın hastaya fayda sağlamayan, yaşam kalitesini arttırmayan tedavilerin terkedilmesi esastır.

Hekimlerden daha fazla hastayla zaman geçiren hemşirelerin de bu ekipte rolü çok önemlidir. Ağrılı hastaya yaklaşımları hastanın yaşam kalitesine katkı sağlamaktadır. Ağrı tedavisinde görev alan sağlık çalışanlarının hasta memnuniyeti ve ağrısının giderilmesinden aldıkları haz, ekibin motivasyonu ve gelişiminde oldukça önemlidir.

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