

## Bölüm 28

# ONKOLOJİK HASTADA DİYARE YÖNETİMİ

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### GİRİŞ

İshal (diyare), başta infeksiyon hastalıkları olmak üzere değişik nedenlere bağlı oluşan, sıklık olarak günde 3-4 kezden fazla, çok miktarda normal dışkı veya sulu dışkılama olarak tanımlanır. Bağırsaklarda sıvı, besin ve elektrolitlerin emiliminde bozukluğa neden olur. Ayrıca artmış sıvı ve elektrolit kaybına neden olan klinik bir durumdur. Süresine göre akut, dirençli ve kronik diyare olarak üç gruba ayrılır. 14 günden az süren diyare akut, 14-30 gün arası dirençli ve 30 günün üzerinde süren diyare kronik olarak adlandırılır (1). Kanser hastalarında diyare enfeksiyöz nedenlere, kemoterapinin toksik etkilerine ve mekanik nedenlere bağlı gelişebilir.

Kanser hastalarının yaşadığı semptomlar hastanın yaşına, cinsiyetine, primer odağa, hastalığın evresine, tedavisi durumuna, kronik hastalık varlığına göre değişiklik gösterir. Yorgunluk, uyku bozuklukları, ağrı, uyuşukluk, stres, iştahsızlık, ishal bunlardan bazılarıdır. 5-FU, İrinotecan, Cisplatin gibi bazı kemoterapotikler, pelvis, abdomen ve lomber bölgeye radyoterapi uygulanması, bağırsak rezeksiyonları, kemoterapotik dışı bazı ilaçlar (antibiotikler, prokinetik ajanlar, narkotik analjezikler, NSAII...), bağırsak obstruksiyonu, enflamatuvar bağırsak hastalıkları, anksiyete, stress, enfeksiyon, feeding ile beslenme, laktoz intoleransı diyare oluşumuna neden olan faktörlerdendir (2).

Çağın önemli sağlık sorunlarından biri kanser hastalığıdır. Yakın gelecekte kanserin dünya genelinde mortalitenin en sık nedeni olacağı öngörülmektedir. Uzamakta olan yaşam sürelerine paralel olarak kanserli hasta sayısında artış gözlenmektedir. Kanser hastalarına uygulanan çeşitli tedavi modalitelerinden biri

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sonra ihtiyacı olan tüm hastalar medikal onkolog, gastroenterolog, genel cerrah, yoğun bakım uzmanı ve radyasyon onkoloğu gibi ilgili braşlar ile konsülte edilip ortak bir yöntem şeması çizilmelidir.

**Anahtar Kelimeler:** Diyare, İshal, Kanser, Nötropenik Enterokolit, Onkolojik Acil

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