

# BÖLÜM 8

## Arteriovenöz Fistüller

Melike Elif TEKER AÇIKEL<sup>1</sup>

### GİRİŞ

Son dönem böbrek yetmezliği; glomeruler filtrasyon hızının azalması sonucu böbreğin sıvı-solüt dengesini ayarlayamaması ve metabolik-endokrin fonksiyonlarının geri dönüşü olmaksızın bozulmasıdır (1).

Son dönem böbrek yetmezliği tedavisinde uygulanan tedavi seçenekleri; böbrek nakli, hemodiyaliz ve periton diyalizidir. Hastanın öncelikle böbrek nakline uygunluğu ve canlı vericisinin varlığı değerlendirilir. Böbrek nakli şansı bulunmayan hastaların diyaliz tedavilerine (hemodiyaliz veya periton diyalizi) yönelik hazırlıkların yapılması gereklidir (2).

Nefrolog tarafınca takip edilen hastanın (3);

- Kreatinin klirensi 25 ml/dakika'nın altına düşünce,
- Serum kreatinin değeri 4 mg/dl'nin üzerine çıkınca,
- Hemodiyaliz ihtiyacı 3-6 ay içinde oluşacak hastalar fistül açılması için damar cerrahına yönlendirilmelidir.

İdeal bir vasküler erişim yöntemi; iki iğne kullanarak kanülyasyona izin vermeli, en az 300 ml / dak'lık kan akışı sağlamalı, enfeksiyon ve tromboza karşı dirençli olmalı ve minimum yan etkiye sahip olmalıdır. Vasküler erişim planlandığında ilk aşamada otojen Arteriovenöz fistül düşünülür. İkinci ve üçüncü seçenekler ise Arteriovenöz greft ve Santral venöz kataterdir. (4,5).

<sup>1</sup> Doç. Dr., Sağlık Bilimleri Üniversitesi Haseki Eğitim ve Araştırma Hastanesi, Kalp Damar Cerrahisi Kliniği, melikelif\_teker@hotmail.com.tr

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