

BÖLÜM 32



Postoperatif Atrial Fibrillasyon

Gökhan BEKTAŞOĞLU¹

GİRİŞ

Cerrahi girişimler sonrası yeni gelişen atrial fibrillasyon atakları postoperatif atrial fibrillasyon (POAF) olarak adlandırılır. Çoğunlukla kardiyak cerrahi sonrasında görülmekle birlikte birçok cerrahi işlem sonrasında da sıklıkla karşılaşılabilen bir durumdur. Genellikle geçici, takip tedavisiyle düzelebilen bir durum olmakla beraber; hastane yatış sürelerini uzatması, klinik durumda kötüleşmeye sebep olması, inme vb. embolik süreçler ile hastane içi mortalitede artış nedeniyle erken tanınması ve tedavi edilmesi gereken önemli bir durumdur.

EPİDEMİYOLOJİ

POAF gelişim riski cerrahi sonrası 2 ila 4. günlerde zirve yapar [1]. POAF prevalansı hastalının monitorize edilme sıklığı ve süresi ile ilişkili olarak çalışmalar arasında çok farklılık göstermektedir.

POAF gelişimi açısından en yüksek risk kalp cerrahisinde. Kalp cerrahisi sonrasında POAF görülme sıklığı %20-50 aralığında değiş-

mektedir [2-3]. POAF görülme sıklığı koroner bypass cerrahisinde %28, kapak cerrahisinde %34, kombine kapak ve bypass cerrahisinde ise %47 olarak bildirilmiştir [2].

Kalp dışı cerrahilerde ise bu oran daha düşük olup cerrahi bölgeye göre değişiklik göstermektedir. Kalp dışı torasik cerrahide POAF sıklığı %10-30 aralığında değişmektedir [4]. Akciğer cerrahisinde POAF sıklığı çıkarılan cerrahi dokunun büyüklüğü ile ilişkili olarak artar. Wedge rezeksiyonu için %4 olan risk, lobektomide %10-15, pnömonektomide ise %20-35'tir [5-6]. Toraks dışı cerrahilerde POAF sıklığı %0.5-15 aralığındadır [7-12]. Genel abdominal cerrahide POAF sıklığı %4.4-17.2, ortopedik cerrahide %1.7, vasküler ve kolon cerrahisinde ise %5-10 aralığında bildirilmiştir [13-15].

PATOGENEZ

POAF cerrahi öncesi atrial fibrillasyona olan yatkınlık, cerrahi ile ilişkili faktörler ve postoperatif süreç ile ilişkili faktörlerin bileşik etkisi ile oluşmaktadır. Yukarıda üç başlık altında POAF oluşumuna zemin hazırlayan bu faktörler atrial

¹ Dr. T.C. İstanbul Atlas Üniversitesi Tıp Fakültesi, Kardiyoloji AD., bektasoglu@yahoo.com

kadar warfarin tercih konusu olmakla beraber, klinik pratiğin ilerlemesi ile NOAK lar daha sık kullanılmaya başlanmıştır. Bypass sonrası yapılan bir çalışmada Apixaban ve Warfarin tedavisi arasında komplikasyon oranları açısından farklılık saptanmamıştır [73].

SONUÇ

POAF klinik pratikte sık karşılaşılan bir durumdur. Sıklıkla asemptomatik seyretmekle birlikte hemodinamik ve semptomatik açıdan kötüleşmeye, inme, yatış sürelerinde uzama ve ölüm gibi istenmeyen komplikasyonlara sebep olabilmektedir. Preoperatif dönemdeki yatkınlık, operasyon ve postoperatif süreç ile ilişkili faktörlerin etkileşimi sonucu gelişen bu durumun önceden öngülmesi ve gereği halinde profilaksisi yapılmalıdır. Profilakside kalp cerrahisi için betablokerler ve seçilmiş hastalarda amiodorone kullanımı düşünülmelidir ancak kalp dışı cerrahide rutin betabloker kullanımından kaçınılmalıdır. POAF gelişen hastalarda tedavi için hız kontrolü çoğunlukla yeterli olmakla beraber endikasyon durumunda ritim kontrolü düşünülmelidir. OAK' ların kullanımı özellikle kalp dışı cerrahi sonrası gelişen tromboembolik riski yüksek POAF hastalarında düşünülmelidir. NOAK kullanımı klinik pratikte giderek artan sıklıkta kullanılmakla beraber kullanımlarını destekleyecek daha çok randomize kontrollü çalışmaya ihtiyaç vardır.

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