

BÖLÜM 37



Elektriksel Kardiyoversiyon

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GİRİŞ

Atriyal fibrilasyonun (AF) tedavisinde doğru akım (DC) kardiyoversiyonu Lown ve arkadaşları tarafından ilk defa 1963 yılında tanımlanmıştır (1).

Elektriksel kardiyoversiyon elektriksel enerjinin QRS kompleksi ile senkronize (eş zamanlı) şekilde verilmesi işlemidir (2). Elektriksel kardiyoversiyon için DC akım veren defibrilatör cihazları kullanılır, bu cihazlar, doğru akım sağlayan güç kaynağı, vücuda verilmek istenen enerjiyi depolayan bir kapasitör, hastanın kalp ritmini gösteren elektrot kablosu ve elektrik akımını vücuda ileten kaşıklardan (pedal) oluşmaktadır (Şekil 1).

Defibrilatörler akım yönüne göre monofazik ve bifazik olarak ikiye ayrılırlar. Monofazik defibrilatörlerin sadece tek yönlü akım sağlamalarına karşın bifazik defibrilatörler iki yönlü akım sağlarlar. Bifazik defibrilatörler önce pozitif sonrasında negatif yönlü akım sağladıklarından dolayı daha az enerji düzeyine gereksinim duyar, daha az deri yanığına neden olur ve başarı

oranları daha yüksektir. Bifazik defibrilatörler, monofazik defibrilatörlere kıyasla üstün etkinlikleri nedeniyle standart kullanıma girmiştir (3-4). Bifazik defibrilatörlerle yapılan external kardiyoversiyonda başarı oranı %90'dan fazladır (3,5-6).



Şekil 1. Defibrilatör cihazı

Elektriksel kardiyoversiyon; eksternal ve internal (transvenöz) olmak üzere iki şekilde uygulanabilir.

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Gebelerde Elektriksel Kardiyoversiyon

Kardiyoversiyon için gereken enerji düzeyleri gebe veya gebe olmayan kadınlarda benzerlik göstermektedir. Gebeliğin tüm aşamalarında 50 J ile 300 J arasındaki kardiyoversiyonun fetüs üzerinde ihmal edilebilir etkiler ortaya çıkardığı; anne ve fetüste ciddi yan etkiler olmadan güvenle yapılabileceği bildirilmiştir (39-41). Ancak geçici elektriksel kardiyoversiyon ile fetal aritmiler bildirilmiştir. Bu sebeplerden dolayı kardiyoversiyon sırasında fetal monitörizasyon önerilmektedir (41-42).

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