BÖLÜM 54

Atriyal Fibrilasyonu Olan Hastalarda Preoperatif Değerlendirme

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GİRİŞ

Atriyal fibrilasyonun (AF) önemli bir komplikasyonu iskemik inme ve sistemik embolizmdir. Hastalar bu komplikasyonlardan korunmak için ömür boyu oral antikoagulan (OAK) tedavi almaktadırlar [1] ve AF nedeniyle OAK kullanan hastaların %10'unda cerrahi veya invaziv bir girişim için OAK tedavi kesilmek zorunda kalmaktadır [2]. Ayrıca, yapılan analizlerde AF'si olan her 6 hastadan biri için her yıl preoperatif OAK yönetimi gerekeceği bildirilmiştir [3]. Preoperatif dönemde AF'li hastalarda OAK yönetimi, hasta ile ilişkili, cerrahi ile ilişkili faktörlere ve OAK tipine göre düzenlenmektedir [4]. Bazen ise; hastada preoperatif değerlendirme esnasında ilk kez AF tespit edilmektedir. Yeni tespit edilen AF'li hastalarda yaklaşım daha önceden AF'si olan hastalardan çok da farklı değildir. Benzer şekilde, inme riski ve sistemik emboli riskine göre OAK tedavisi hasta ve cerrahi ile ilişkili faktörlere göre başlanmaktadır [4].

AF'li hastada preoperatif değerlendirmede optimal hız kontrolü, inme ve kanama riski yanında değerlendirilmesi gereken diğer önemli hususlar. Cerrahi öncesi dönemde istirahatte optimal kalp hızı <100-110 atım/dk. olmalıdır [1 4]. Ayrıca, optimal hız kontrolüne rağmen hastada aritmiye bağlı semptomlar mevcut ise; cerrahi öncesi dönemde ritm kontrolü düşünülebilir[4].

AF'si olan hastalarda preoperatif değerlendirmede özellikle yeni oral antikoagulanların (YOAK) tedavide önemli yer edinmesiyle bu ajanların cerrahiden önce kesilme süresi ve sonrasında tekrar başlama zamanı, inme ve kanama riskini yönetmek açısından oldukça önemlidir. Bu bölümde, cerrahi veya invaziv işlem öncesi dönemde OAK yönetimi ve hız kontrolü; OAK tipi, hasta ile ilişkili faktörler ve cerrahi ile ilişkili faktörlere göre alt başlıklarda anlatılacaktır.

ORAL ANTİKOAGULAN AJANIN TİPİ

Vitamin K Antagonisleri

Vitamin K antagonistleri (VKA), tromboembolik hastalıklarla mücedelede 50 yılı aşkın süredir

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HIZ KONTROLÜ

Hız kontrolü açısından majör yada minör cerrahiye gidecek hastalar için özel bir öneri yoktur. Optimal kalp hızı kılavuzlar doğrultusunda <100-110 atım/dk. olarak önerilmektedir [14]. Hız kontrolünde ilk aşamada beta blokerler veya non-dihidropiridin kalsiyum kanal blokerleri (verapamil, diltizem) kullanılmaktadır (Şekil 4) [39]. Hastada <24 saat öncesinde başlayan atrial fibrilasyon öyküsü varsa ve hemodinamik açıdan hasta stabil durumda değil, anjinası mevcut ve pre-eksitasyondan herhangi biri varsa hemen kardiyoversiyon uygulanmalıdır [39]. Amiodaron, kalp yetersizliği hastalarında ilk seçenek olarak hız kontrolünde düşünülebilir. Digoksinin yüksek adrenerjik duruma neden olan olaylarda etkisi genellikle azalmaktadır [4].

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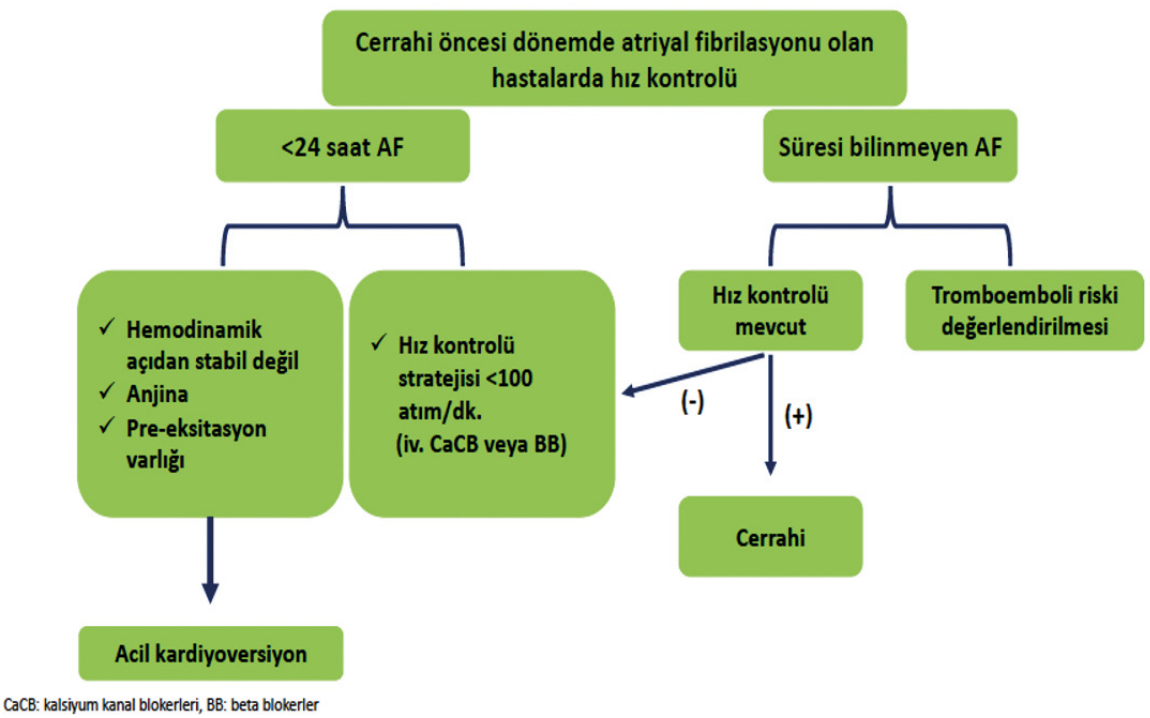

Şekil 3. Cerrahi öncesi dönemde atriyal fibrilasyonu olan hastalarda hız konrolü yönetimini göstermektedir. (Amar D. Perioperative Atrial Tachyarrhythmias. Anesthesiology December 2002;97:1618-1623 uyarlanmıştır).

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