

Kombine Spinal Epidural Anestezi Uygulanan Total Diz Protezi Hastasında İnatçı Hipotansiyonun İntravenöz %20 Lipid Solüsyonu ile Tedavisi

46. BÖLÜM

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ÖZET

Total diz protezi (DP), alt ekstremitede en sık uygulanan ortopedik ameliyatlardan biridir (1). Ortopedik cerrahi prosedürler için anestezi teknikleri, genel ve rejyonel anestezi tekniklerini içerir. Son yıllarda, rejyonel anestezi birçok ortopedik prosedür için tercih edilen anestezi tekniği haline gelmiştir (2). Kombine spinal– epidural anestezi (KSEA), tek başına genel, spinal veya epidural anestezinin dezavantajlarını azaltabileceği için DP için yaygın olarak kullanılır. Genel anestezi ile karşılaştırıldığında, KSEA, morbidite artışı olmadan daha kısa hastanede kalış süresi gerektirdiğinden avantajlıdır (3, 4). KSEA uygulamasında, spinal komponentin başarısızlığı, epidural kateterin spinal migrasyonu veya epidural ilaçların intratekal uygulanması, hipotansiyon, nörolojik hasar, post – dural ponksiyon baş ağrısı gibi komplikasyonlar görülebilir (5). KSEA altında revizyon diz protezi operasyonu yapılan 65 yaşında kadın hastanın operasyon sonunda gelişen inatçı hipotansiyon kliniğinin %20 lipid solüsyonunun intravenöz (iv) uygulanması sonucu tedavisini literatür eşliğinde sunmayı planladık.

OLGU

Altmış beş yaşında 165 cm boyunda, 85 kg ağırlığında kadın hastanın Ortopedi ve Travmatoloji kliniği tarafından sağ diz protezi revizyon ameliyatı planlanması üzerine yapılan anestezi öncesi değerlendirmesinde; hipertansiyon, atrial fibrilasyon (AF), astım ve romatoid artrit tanılarının olduğu öğrenildi. Yapılan konsültasyonlar sonucunda Amerikan Anesteziyoloji Derneği (ASA) Sınıflandırması III olarak karar verilen hastaya postoperatif analjezi yönetimi de

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