BÖLÜM 17

NÖROAKSİYEL TEKNİKLER

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ÖZET

Girişimsel tedavi yöntemleri için oluşturulan tedavi kılavuzlarında, konservatif ve invaziv olmayan ağrı tedavi prosedürlerinin yetersiz kaldığı dirençli kanser ağrısı olan hastalarda nöroaksiyel analjezi yöntemleri önerilmektedir. Nöroaksiyel teknikler olarak tanımlanan, epidural veya intratekal yolla analjezi ilaç uygulaması; kateter yoluyla sürekli infüzyon olarak ya da aralıklı enjeksiyonlar hâlinde devamlı ve uzun süreli olarak sürdürülebilmektedir. Bu teknikler ile ilaçların nosiseptif afferent liflerin, internöronların ve omuriliğin çıkan liflerinin girişine yakın bir yere uygulanması, ilaç toksisitesini en aza indirgenirken analjezi düzeyi üst seviyelere çıkarılmaktadır.

Uzun süreli epidural infüzyonlar ile, kateter tıkanıklığı, fibrozis gibi durumlar ve analjezik etkinliğin azalması nedeniyle daha çok intratekal yol tercih edilmektedir.

Hastalara uygulanması planlanan son tedavi yöntemi olan kalıcı cihaz implantasyonundan önce intratekal deneme süreci gerçekleştirilir. İmplant kararı ancak bu denemeye olumlu yanıt alındıktan sonra verilmelidir. Ağrıda %50'den fazla rahatlama sağlanmışsa bu prosedür etkili olarak kabul edilebilir. Deneme döneminde doz belirlendikten sonra cihaz yerleştirilir.

Kateterler subkutan olarak yerleştirilebilir, tünellenebilir, infüzyon sistemlerine takılabilir ve uzun süre muhafaza edilebilir. Epidural infüzyon sistemleri ile ilişkili olarak; kateter dislokasyonu / tıkanması, enfeksiyon, bulantı, kusma, uyuşukluk, kabızlık ve dural fibrozisi içeren komplikasyonlar görülebilmektedir.

İntratekal ve epidural yol ile uygulanabilen ilaç sayısı sınırlıdır ve bu ilaçların kullanımı için, kılavuzlar doğrultusunda yapılan öneriler dikkate alınmalıdır. Opioidlerle ilgili olarak, lipid çözünürlüğü, nöroaksiyel uygulamadan sonra farmakolojik etkiler için temel belirleyici faktördür. Morfin gibi hidrofilik opioidler daha yavaş bir etki başlangıcına ve daha uzun bir etki süresine sahipken, fentanil

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semptomlarına karşın 5 gün içerisinde azaltılarak kesilmesi uygundur. Serebral hasarı olan ya da T6 ve üzeri implante edilen cihazlarda otonom disrefleksi riski ani ilaç çekilmesi sonucu olabilir. Etken mikroorganizma ayırt edilene kadar vankomisin ve meropenem verilmesi uygundur.

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