

YUTMA GÜÇLÜĞÜ

Doç. Dr. Hicran Yıldız

ÖĞRENİM HEDEFLERİ

Bu bölüm sonunda okuyucu;

1. Yutma güçlüğünün tanımını yapar,
2. Yutmanın fizyolojisini kavrar,
3. Yutma güçlüğünü sınıflandırır,
4. Öykü ve fizik muayene bulgularını alır,
5. Yoğun bakımda görülme sıklığı ve nedenlerini sıralar,
6. Yutma güçlüğünün hastadaki etkilerini bilir,
7. Yutma güçlüğünün yönetimini / kontrolünü yapar,
8. Yutma güçlüğünün yaşlılar ve çocuklardaki özelliklerini bilir.

GİRİŞ

Yutma güçlüğü, alınan gıdanın ağızdan mideye transferinin mekanik olarak engellenmesi, yutma hareketini sağlayan kasların gücünün azalması veya koordinasyonunun bozulması sonucu oluşan bir semptomdur. Yutmanın gerçekleşmesini sağlayan 6 kraniyal sinirden (V.Trigeminal, Facial, IX. Glosso-pharyngeal, X Vagus, XI Accessory, 12 Hypoglossal) herhangi birinin hasarı ve özofagus lümeninin daralması yutma güçlüğüne neden olmaktadır.

Konjenital yapısal lezyonlar (örn; yarık dudak ve damak, kraniyofasiyal sendromlar) lokmanın ağızdan mideye taşınma sürecini olumsuz yönde etkileyebilir. Çocuklarda, serebral palsi, travmatik beyin hasarı, inme gibi edinilmiş beyin hasarı, Down sendromu gibi genetik sendromlar, miyotonik distrofi gibi nörodejeratif hastalıklarda yutma güçlüğü yaygındır. Boğulma hissi, gıda ya da sıvının ağız ya da burundan geri gelmesi, çoğunun yemeği reddetmesinin nedenleri arasında yer alır. Bilişsel, gelişimsel ve davranışsal sorunlar tedavi seçeneklerini etkileyebilir (Christiaanse et al, 2011; Cinel et al, 2013). Yutma güçlüğü olan bir çocuk yerken hipoksemi oluşabilir, bu nedenle yemek zamanı sırasında pulse oksimetre yararlı olabilir.

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