

BÖLÜM 8

TERMAL ABLASYON TEDAVİSİ

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| GİRİŞ

Kronik venöz yetmezlik başlangıç seviyelerinde asemptomatik olmasına rağmen ilerleyen evrelerinde geri döndürülemez sekellere yol açan geniş yelpazesi olan bir hastalıktır.(1) Kesin patofizyolojisi tartışmalı olmakla birlikte genetik bir yatkınlık, venöz kapakların yetmezliği, zayıflamış vasküler duvarlar ve artmış intravenöz basıncı sayılabilir. Risk faktörlerine bakıldığında kronik öksürük, kabızlık, gebelik, obezite, kronik kabızlıktan kaynaklanan artan karın içi basınç, ailede venöz hastalık öyküsü, tümör, kadın cinsiyet, ileri yaş, uzun süre ayakta durmanın neden olduğu intravenöz basınç artışı ve derin ven trombozunun neden olduğu sekonder vaskülarizasyon gösterilmektedir.(2) Büyük safen ven (GSV) yetmezliğinin cerrahi tedavisinde geleneksel altın standart, safenofemoral bileşkede (SFJ) yüksek ligasyon ve ardından striping; küçük safen venin (SSV) yetmezliğinin cerrahisinde geleneksel yöntem ise genellikle striping olmaksızın safenopopliteal bileşkede (SPJ) ligasyondur. Genel, spinal, epidural

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