

## BÖLÜM 22

# KALP DIŞI CERRAHİLERDE KARDİYOVASKÜLER DEĞERLENDİRME

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## GİRİŞ

**Anamnez:** Hastalar kardiyak hastalıklar (iskemik kalp hastalığı, kardiyomiyopati, valvüler patolojiler) ve kardiyovasküler hastalıklar yönünden risk oluşturacak diyabet, böbrek yetmezliği, serebrovasküler hastalık ve periferik arter hastalığı yönünden değerlendirilmelidir. Geçirilmiş kardiyak cerrahi, perkütan koroner angiografi ve implant edilmiş kardiyovasküler cihazın mevcudiyeti sorulmalıdır. Senkop, göğüs ağrısı ve nefes darlığı gibi semptomlar sorgulanmalı ve hastaların efor kapasitesi değerlendirilmelidir.

**Fonksiyonel Kapasite:** Henüz tanı konulmamış kardiyovasküler hastalığı bulunan hastaların, preoperatif dönemde belirlenmesinde fonksiyonel kapasitenin değerlendirilmesi önem taşımaktadır. Nefes darlığı, baş dönmesi ve göğüs ağrısı gibi semptomlar olmaksızın, 4 metabolik eşdeğer (MET) düzeyinde (örnek; 2 kat merdiven çıkabilme) egzersiz yapabilme durumu değerlendirilmelidir. Düşük fonksiyonel kapasite perioperatif komplikasyonlarla ilişkilidir. Fonksiyonel kapasitesi <4MET olan hastaların, perioperatif kardiyovasküler komplikasyon riskinin 2 kat fazla olduğu belirtilmektedir (1).

**Fizik Muayene:** Akciğer ve kalp oskültasyonu, pretibial ödem, nabız muayenesi, batın muayenesi ve tansiyon ölçümü yapılmalıdır. Akciğer oskültasyonu ile belirlenen ral, ekstremite ödemi, kardiyak üfürüm, frotman, batın muayenesi ile belirlenen hepatik konjesyon ve nabız muayenesiyle fark edilen aritmi kardiyovasküler hastalıklar yönünden uyarıcıdır.

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