

FLEP CERRAHİSİNDE MIKROCERRAHİNİN YERİ

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TARİHÇE

Mikrocerrahinin gelişimi için öncelikle uygun ortamın oluşması gerekmektedir. Bunlar kansız ortamın sağlanması, uzun süreli cerrahi işlem için hastanın stabil halde olması, cerrahi alan enfeksiyonun önlenmesi, yeterli büyütmenin sağlanması ve uygun mikrocerrahi ekipmanlardır.

Tıp camiasındaki yenilikler mikrocerrahi işlemler için gerekli ortamı hazırladı. 18. Yüzyılda Petit'in geliştirdiği vidalı kompresyon turnikesi sayesinde ilerde mikrocerrahi için gerekli olan kansız ortam sağlanmış oldu (2). 19. Yüzyılın başlarında Joseph Lister tarafından antisepsisin tanıtılmasıyla enfeksiyon sorunlarına yönelik adımlar atılmaya başlandı. Ardından Gustav Adolf Neuber tarafından tüm cerrahi personel için sterilizasyon kuralları uygulandı ve Charles Chamberland, 1881'de otoklav olarak bilinen buharlı sterilizatörü icat etti. 19. Yüzyılın ortalarında ağrıyı azaltmak için eter ile yapılan cerrahi işlemler ve sonrasında genel anestezinin yaygın kullanılması ile uzun süren mikrocerrahinin yapılmasına olanak sağlandı (3).

Cerrahi mikroskobun gelişimden önce cerrahlar, lensli gözlükler ve cerrahi luplar kullanarak mikrocerrahi operasyonlar yapıyorlardı. 19. Yüzyılın sonlarında Jassinowsky koyun karotis damarlarını uç uca doğrudan anastomoz ederek; Murphy ise kesik damar uçlarını invagijasyon yaparak ve ince ipekle dikerek ilk başarılı vasküler anastomozları gerçekleştirdiler (4; 5). 1902'de Alexis Carrel damar cerrahisinin temel bir tekniği olan, eşit uzaklıkta atılan ve gerilimi dengeleyen 3 dikiş üçgen tekniğini tanıttı ve 1912'de Nobel ödülüne layık görüldü (6). Teknik gelişmeler sürerken 1916'da heparinin keşfi ve 1930'larda ilk başarılı klinik deneylerin bildirilmesi ile mikrovaskü-

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