

## FLEP CERRAHİSİNDE: POSTOPERATİF DÖNEM, TAKİP, KOMPLİKASYON YÖNTEMİ VE PREMEDİKASYON

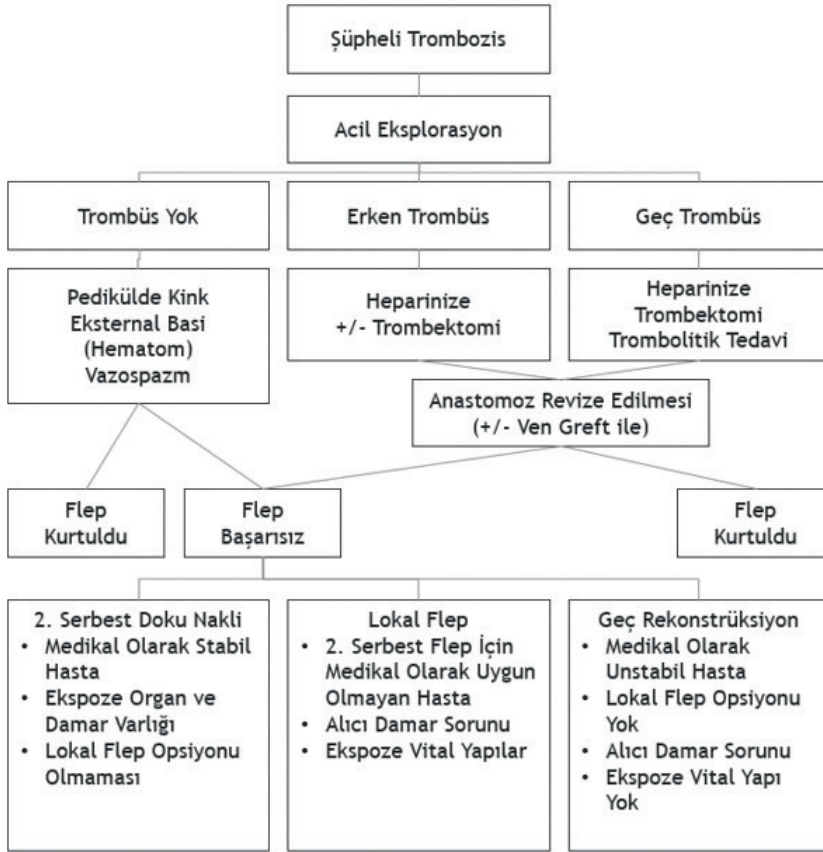
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### GİRİŞ

Plastik ve rekonstrüktif cerrahide serbest doku nakli çok yaygın kullanılan bir mikrocerrahi yöntemdir. Aktarılacak dokunun verici bölgesinden vasküler beslenmesinin ayrılıp, alıcı bölgesinde yeniden oluşturulduğu otolog bir nakildir. Travma, tümör rezeksiyonu, yanık gibi rekonstrüktif prosedürlerin temel yöntemidir. Deneyimli mikrocerrah, ekipman ve tecrübe bu ameliyatın vazgeçilmezidir. Operasyonun başarısı uygun preoperatif analiz, hasta seçimi ve üst düzey mikrocerrahi deneyimine sahip intraoperatif cerrahi beceriler gibi farklı faktörlere bağlıdır. Serbest doku nakli ameliyatı sonrası hastanın hemodinamik fizyolojisinin yakından izlenmesi ile başarı oranının artmakta olduğu literatürde kanıtlanmıştır (1). Özellikle operasyon sonrası ilk 24 saat komplikasyon ve çıkabilecek sorunlar açısından kritiktir.

Serbest doku naklinin başarısı, alıcı yatakta yeterli neovaskülarizasyon oluşuna kadarki süreçte pedikül içerisindeki anastomoz edilen damarlara bağlıdır. Neovaskülarizasyon, endotelial progenitor hücrelerden kan damarlarının de novo oluşumunu tanımlar; mevcut damarlardan yeniden oluşturulan bir süreç değildir (2). Anjiyogenez ise önceden var olan damarlardan köken alan yeni kan damarı oluşumu olarak adlandırılır (3). Angiogenesis yaralanmadan 4 gün sonra klinik olarak belirginleşmeye başlar. Fakat bazı yayınlarda yaralanma bölgesinden salınan kemoatraktan maddelere yanıt olarak venüllerden yeni kılcal damarların köken olarak daha erken başladığı düşünülmektedir (4,5). Neovaskülarizasyon ve anjiyogenez postoperatif dönemde oluşarak serbest doku nakli yapılan dokunun vasküler beslenmesinden bağımsız olarak sağkalımına olanak sağlar. Bu kritik dönem kesin olarak bilinmemekle birlikte literatürde vasküler pedikülden bağımsız serbest doku naklinin sağkalımına izin verecek yeterli neovaskülarizasyonun 7 ila 10 gün arasında gerçekleştiği bulunmuştur (6-8).

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Tablo 3. Komplikasyon Yönetimi

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