

Uterus Koruyucu Pelvik Onarım Cerrahilerinin Fertiliteye Etkisi

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GİRİŞ

Pelvik organ prolapsusunun (POP) içinde yer aldığı pelvik taban kusurları, her yaşta kadını etkileyebilen önemli bir sağlık problemidir. Her 4 kadından biri hayatı boyunca pelvik taban bozukluklarını deneyimlemektedir (1). 80 yaşına kadar kadınların yaklaşık %11'i POP nedeniyle operasyon geçirmektedir ve bu kadınların yaklaşık %29'u ikinci operasyona ihtiyaç duymaktadır (2). Yapılan bir çalışmada 20-29 yaş aralığındaki kadınlarda herhangi bir POP görülme prevalansı %6,5 iken, 30-39 yaş aralığında POP görülme prevalansı %25 ile %31 arasında bulunmuştur (3,4). Pelvik taban kusurlarında doğru tedavi seçimi için hastanın bireysel beklentileri mutlaka gözsetilmeli ve objektif fizik muayene değerlendirilmesi ile bir arada ele alınmalıdır. Uterin prolapsusun cerrahi tedavisinde geleneksel olarak histerektomi önemli bir tamamlayıcı unsur olarak değerlendiriliyor olsa da (5), prolapsus semptomlarının fertil çağdaki genç kadınlarda da görülmesi, kadınların doğum zamanlarını daha ileri yaşlara ertelemek istemesi, uterusun kadının beden algısında ve cinsel fonksiyonlarda

önemli bir rol oynaması, organ koruyucu yaklaşımın daha cazip olması gibi sebeplerle (6) uterus koruyucu pelvik onarım cerrahileri günden güne daha tercih edilir olmaya başlamıştır. Bu çalışmada güncel uterus koruyucu pelvik onarım cerrahi yöntemlerinden, gebelik döneminde uterin prolapsus yönetiminden ve bunların fertiliteye etkilerinden bahsedilecektir.

Pelvik Organ Prolapsusu

Pelvik organ prolapsusunun da içinde yer aldığı pelvik taban disfonksiyonları; pelvik taban kasları ve diğer pelvik destek yapılarının anormal işlevi ile ilgili geniş bir semptom kümesini ve anatomik değişiklikleri ifade eder. Düzensiz fonksiyon, pelvik taban kaslarında hipertoniye, hipotonisiye veya kaslarda koordinasyon bozukluğu olarak görülebilir. Pelvik taban disfonksiyonları klinik pratikte ürolojik, jinekolojik veya kolorektal sistemi ilgilendiren semptomlarla prezente olur. Pelvik taban kusurlarında semptomlar etkilenen anatomik kompartmana göre değişiklik göstermektedir. Bu sistemleri ilgilendiren semptomlar çoğunlukla birbiriyle ilişkili olarak karşımıza çıkar (7).

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