

### KOLOREKTAL KANSER CERRAHİSİ SONRASI GÖRÜLEN AĞRININ HEMŞİRELİK BAKIMINDA UYGULANAN İLAÇ DIŞI YÖNTEMLER

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#### GİRİŞ

Kanser, hücrelerin kontrolsüz büyümesi, dokularda yayılması ile görülen ve mortalite oranı yüksek olan bir hastalıktır. Kolorektal kanserlerin görülme sıklığına bakıldığında, gelişmiş ülkelerde sağlık bakım hizmetlerinin gelişmişliğine rağmen artış göstermektedir. Türkiye Halk Sağlığı Kurumu'nun 2013-2017 yılları kanser taramasında yaptığı son raporunda, Türkiye'de, Batı Asya'da, Avrupa'da, ABD'de ve kısacası tüm Dünya'da en sık görülen kanser türleri arasında üçüncü sırada kolorektal kanserler görülmektedir (1). Kolorektal kanserlerin risk faktörleri arasında; Crohn Hastalığı veya ülseratif kolit gibi iltihaplı bağırsak hastalıkları, bireysel veya genetik olarak bağırsakta polip öyküsü, Familial Adenomatöz Polipozis (FAP) veya Lynch sendromu, alkol/tütün kullanımı, aşırı kilo, yüksek yağlı/düşük lifli yiyeceklerin ve işlenmiş et tüketimi ve fiziksel aktivite yetersizliği yer almaktadır (2,3). Tedavisinde genellikle cerrahi yöntemler tercih edilen kolorektal kanserlerde, malignite bulunan dokunun sağlıklı dokudan uzaklaştırılması, metastaz durumunun belirlenmesi veya palyatif olarak iyileştirme amacı ile uygulanmaktadır (4). Majör cerrahi girişimlerden olan kolorektal kanser cerrahileri (5) sonrasında, bazı komplikasyonlar görülebilir. Bu komplikasyonlar arasında, atelektazi, hipoksemi, sıvı elektrolit dengesizlikleri, ağrı, hipotermi, kanama, bulantı ve kusma gibi sorunlar yer almaktadır (6,7).

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