



Üriner İnkontinansta Posterior Tibial Sinir Stimülasyonu

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GİRİŞ

Üriner inkontinans (Üİ), ICS (International Continence Society) tarafından “kişinin yaşam kalitesini olumsuz etkileyen, hijyenik ve sosyal bir problem olup, istem dışı idrarını tutamama olarak tanımlanmaktadır (1). Üİ'nin birçok tipi vardır fakat en sık görülenleri; stres üriner inkontinans, sıkışma tipi üriner inkontinans ve bu iki durumun beraber olduğu karışık tipte üriner inkontinansdır.

Bu bölümde sıkışma tipi üriner inkontinans hakkında konuşulacaktır.

Sıkışma tipi üriner inkontinans tedavisinde; medikal tedavi, konservatif tedavi, pelvik taban kas egzersizleri (PTKE), nöromodülasyon, gibi tedavi seçenekleri bulunmaktadır (2-7).

AUA (American Urological Association) / SUFU (Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction) 2019 kılavuzunda sıkışma tipi üriner inkontinans tedavisini 5 basamak halinde önermiştir.

1. Basamak: Davranış tedavileri

Hastanın davranış ve çevresel faktörlerini düzenleyerek Üİ semptomlarını iyileştirmeyi amaçlayan yöntemlerdir. İşeme günlüğü ve zamanlı işeme, işemenin

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