



Orta Üretra Askı Cerrahileri ile Kolposüspansiyon Cerrahilerinin Başarı ve Komplikasyonlarının Karşılaştırılması

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GİRİŞ

Stres üriner inkontinans (SÜİ), kadınların %4-35'ini etkileyen, karın içi basınç artışı (öksürme, hareket, hapşırma) oluştuğunda görülen istemsiz idrar kaybıdır. Davranış tedavileri, pelvik taban egzersizleri ve medikal tedavilerden sonuç alınmadığında cerrahi tedaviler uygulanmaktadır.

Cerrahi tedavide temel prensip, üretral kapanma basıncını artırmak, üretra ile mesaneye destek sağlamak ve intraabdominal basınç artışı esnasında idrar kaçırmayı engellemektir. SÜİ için zaman içerisinde birçok cerrahi prosedür tanımlanmıştır.

Marshall-Marchetti Krantz (MMK), 1949 yılında tanımlanmış ilk prosedürdür. Yüksek başarı oranlarına sahip olmasına rağmen komplikasyon oranının fazla olması nedeniyle bu cerrahi tedavi Uluslararası Kontinans Derneği (ICS) tarafından artık önerilmemektedir. Bir diğer cerrahi prosedür olan paravajinal onarım ise inkontinansın eşlik ettiği anterior vajinal duvar prolapsuslarında uygulanmakta olup ICS tarafından tek başına SÜİ tedavisinde uygulanması önerilmemektedir. Burch kolposüspansiyon, ilk olarak 1961 yılında, MMK prosedüründeki gibi askı sütürlerinin pubis periostu yerine Cooper ligamanına yerleştirilmesi ile tanımlanmıştır. Temel prensip, vajinal duvarı, pelvik lateral

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niyle TOT yönteminin uygulanması genel olarak önerilmekte olup postoperatif kaskı ağrısı gibi semptomların TOT sonrası daha fazla görülebileceği akıldan tutulmalı ve bu bilgi hasta ile paylaşılmalıdır. TİMS yöntemine dair literatürde uzun dönem sonuçların yayımlandığı yüksek kalitede bir sonuç bulunmamakta olup yeni çalışmalara ihtiyaç vardır.

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