



Gebelik ve Doğumun Pelvik Tabana Etkileri

İlke ÖZER ASLAN¹

GİRİŞ

Pelvik taban kas yapısı ağırlıklı olarak musculus levator ani tarafından meydana gelen kas fasya tabakasının karışımından oluşan işlevi oldukça karmaşık bir yapıdır (1). Pelvik taban bozuklukları, pelvik organ prolapsusu (POP), idrar kaçırma ve fekal inkontinans gibi patolojilere yol açabilmektedir. Ve bu patolojiler yetişkin yaş grubundaki kadınların yaklaşık üçte birini etkileyerek yaşam kalitesi üzerinde oldukça önemli olumsuz etkiler meydana getirmektedir (2). POP olan olguların yaklaşık %20'si ise cerrahi müdahaleye ihtiyaç duymaktadır (3). Asemptomatik POP tedavi gerektirmediğinden bizim özellikle ilgilendiğimiz olgular semptomatik POP olgularıdır. Özellikle gelişmiş ülkelerde yaşam beklentisindeki artışla birlikte giderek daha çok hastada pelvik taban bozuklukları nedeniyle tedavi ihtiyacı meydana gelmektedir. Ayrıca genel nüfus artışı ve yaşlı nüfusun oranı göz önüne alındığında sonraki 30 yıl içinde pelvik taban hastalıkları nedeniyle hastaneye başvuran olgu sayısının 2 katına çıkacağı tahmin edilmektedir. Gebelik ve doğumun pelvik taban bozukluğu meydana getirmedeki etkileri ya da bu olumsuz etkilerin obstetrik bakım sürecindeki değişik uygulamalar sayesinde azaltılıp azaltılamayacağıyla ilgili literatürde birçok çalışma bulunmaktadır. Hatta vajinal doğumun pelvik taban patolojilerinin meydana gelmesinde risk artışı yapan bir durum olduğunu düşünen birçok gebe bu se-

¹ Dr. Öğr. Üyesi, Tekirdağ Namık Kemal Üniversitesi Tıp Fakültesi, Kadın Hastalıkları ve Doğum AD., ilkeozeraslan@gmail.com, ORCID iD: 0009-0003-8017-8537

mek mümkün değildir. Obezite de pelvik organ prolapsusu yaygınlığı ve şiddeti için bir risk faktörüdür. Postpartum dönemdeki pelvik taban bozukluklarını engelleyebilmek için antenatal dönemde gebe eğitimi özellikle de vajinal doğum sonrası yapılan pelvik taban egzersizleri ile normal pelvik fonksiyona geri dönüşü sağlayabilmek günümüzde git gide daha da önem kazanmaktadır. Gebelik ve doğumun pelvik taban üzerindeki etkisini anlamak ve buna dair önlemler almak için daha fazla çalışmaya ihtiyaç vardır.

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