

Bölüm 4

ORAL CERRAHİ VE POSTOPERATİF KOGNİTİF DİSFONKSİYON

Zeynep GÜMÜŞER¹

GİRİŞ

İleri yaştaki hastalar protez öncesi hazırlık veya ağız içi patolojik oluşumların çıkarılması için sıklıkla cerrahi müdahaleye tabi tutulmaktadır.

Cerrahi işlem uygulanan 65 yaş üstü hastalarda ileri yaş faktörü anestezi ve cerrahiye bağlı komplikasyon riskini artırırken postoperatif yaşam kalitesini düşürmektedir (1). Bu hasta grubunda perioperatif dönemde mevcut hastalıkların şiddeti artabilir ve postoperatif dönemde deliryum semptomları veya postoperatif kognitif disfonksiyon (POKD) iyileşmeyi etkileyebilir (2).

Hastanın bilişsel durumu ve cerrahi girişimler arasındaki ilişki uzun zamandır bilinmektedir. İlk kez 1887’de British Medical Journal’da “Ameliyatlarda anestezi kullanımı nedeniyle delilik” başlıklı bir çalışma yayımlanmıştır (3). Bu çalışma, hastalarda anestezi kullanımı nedeniyle deliliğin geldiği bir dizi vakayı tanımlamıştır. Farklı derecelerdeki anestezi ve cerrahi müdahalelerin anlaşılmasına yönelik ilk çabaları temsil eden bu çalışma alanında bir dönüm noktası olmuştur.

Deliryumla klinik pratikte sıklıkla karşılaşıldığından, postoperatif deliryum oldukça iyi bilinmektedir. Postoperatif erken dönemdeki bilişsel işlevde düşüş belirtisi ile karşımıza çıkan POKD’nin gelişimi ise daha az bilinmektedir. Belirtiler genellikle hafif olsa da hastaların başka bireylerden bağımsız olarak yaşamaları zordur (2). Bu noktada bu olguların daha dikkatli incelenmesi, predispozan faktörlerin, etiyolojisinin daha iyi anlaşılması ve önleyici girişimlerin test edilerek belirlenmesi POKD ile mücadelede önem arz etmektedir.

Bu klinik senaryonun patogeneze ilişkin bilgi sınırlı olsa da hassas olan bir hastada anestezi/cerrahi ile nörokognitif gerilemenin arasındaki ilişki belgelenmiştir (4).

¹ Uzm. Dt., Ağız, Diş ve Çene Cerrahisi, gumuser.zeynep@gmail.com, ORCID iD: 0000-0002-7834-4343

SONUÇ

POKD gün geçtikçe daha net ve daha iyi tanımlanmış bir antite haline gelmektedir. Ancak hala etiyojisi ve tedavisi net değildir. Bu noktada en uygun girişim önlem almaktır.

Bu hastalar için perioperatif bilişsel destek POKD'nin önlenmesinde büyük rol oynamaktadır. Cerrahlar ve anestezi uzmanları, ameliyattan önce her hasta için ilgili potansiyel riskleri değerlendirmeli, tartışmalı ve optimize etmelidir.

Oral cerrahide de mümkün olduğunca ek sesif işlemlerden kaçınmak doğru olacaktır. Gerekli olan operasyonlar için işlem süresi iyi yönetilmeli ve hastanın aldığı anestezi miktarı mümkün olduğunca az tutulmalıdır.

Bu stratejilerin etkili olabilmesi interdisipliner bir yaklaşımı gerektirirken, yaşlı hastaların koopere olmasındaki zorluklar nedeniyle hasta yakınlarının katılımı önem arz etmektedir.

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