

Kalp Dışı Cerrahide Preoperatif Değerlendirme ve Antitrombotik Tedavi Yönetimi

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KLİNİK RİSK DEĞERLENDİRMESİ

Kalp dışı cerrahi (KDC) uygulanan hastalarda kardiyovasküler morbidite ve mortalite iki ana faktör tarafından belirlenir; hastayla ilgili ve cerrahi prosedür ile ilgili risk faktörleri (1). Kurum deneyimi, amelyatın elektif veya acil bir prosedür olması cerrahi türünü belirleyen faktörler arasında yer almaktadır. Yeterli bir ameliyat öncesi değerlendirme ve cerrahi müdahalenin tipi ve zamanlaması uygun şekilde seçilerek perioperatif cerrahi risk azaltılabilir.

AMELİYATLA İLGİLİ RİSK

Cerrahiye bağlı risk prosedürün tipine, işlem süresine ve müdahalenin aciliyet durumuna göre belirlenir. KDC sırasında uygulanan anestezi türü ve anestetik ilaçlar de kardiyak açıdan orta ila yüksek risk altındaki hastalarda komplikasyon riskini etkileyebilir (2).

Cerrahi risk tahmini hastanın komorbiditelerini dikkate almadan sadece spesifik cerrahi müdahaleyi dikkate alan 30 günlük kardiyovasküler (KV) ölüm, miyokard enfarktüsü (MI) ve inme riskinin geniş bir tahminidir (3,4,5) (Tablo 1).

PERIOPERATİF KARDİYAK FİZYOLOJİ

Herhangi bir cerrahi prosedür, doku yaralanması, inflamasyon, nöro-endokrin ve sempato-vagal dengesizlik nedeniyle stres tepkileri olarak kortizol ve katekolaminlerin seviyesini artırabilir.

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