

## Bölüm 12

### KANSER REHABİLİTASYONU VE LENFÖDEM

Aysun ÖZLÜ<sup>1</sup>

#### KANSER REHABİLİTASYONU

##### Giriş

Kanser, son yıllarda tüm dünyada olduğu gibi ülkemizde de önemli sağlık problemlerinden biri haline gelmiştir. Türkiye Cumhuriyeti Halk Sağlığı Kurumu Başkan'lığı tarafından, 2017 yılında yayınlanan tüm yaş gruplarında en sık görülen kanser türleri cinsiyetlere göre ayrı ayrı incelenerek elde edilen raporda (2014 yılına ait) erkeklerde trakea-bronş-akciğer kanseri, prostat, kolorektal, mesane, mide, non-hodgkin lenfoma, böbrek, larinks, tiroid, beyin-sinir sistemi kanserleri; kadınlarda ise meme, tiroid, kolorektal, uterus-korpus, trakea-bronş-akciğer, mide, over, non-hodgkin lenfoma, uterus-serviks, beyin-sinir sistemi kanserleri ilk 10 kanser arasındadır (Türkiye Halk Sağlığı Kurumu, 2017).

Kanserde tanı ve tedaviler programları geliştikçe, sağ kalım oranları artmaktadır ve uzun dönemde hastalığın yönetimi ile ilgili destek sağlamak daha önemli hale gelmektedir (Stefani, Galanti & Klika 2017). Hastalarda kanserin ya da tedavisinin yol açtığı birçok fiziksel ve emosyonel problem ile karşılaşılmakta ve yaşam kalitesinde azalma meydana gelmektedir. Bu nedenle bu hastaların tanı aşamasında, tedavi aşamasında, (kt, rt, cerrahi) tedavi sonrasında ve terminal dönemde de rehabilitasyon gereksinimi mevcuttur (Ganz & Coscarelli &, Heinrich 1990). Kanser rehabilitasyonu, kanser hastalarında hastalığın ve tedavilerin belirlediği sınırlar içerisinde maksimum fiziksel, sosyal, psikolojik ve mesleki fonksiyonların kazandırılmasına yardımcı olmak olarak tanımlanır (Cullen, 1982).

Ülkemizde 2009 yılında Aras ve ark.' larının yaptığı çeşitli kanser tanısı olan 300 hastanın katıldığı bir çalışmada, 155 kadın, 145 erkek, ortalama yaş 49,8±16,8 yıl ortalama hastalık süresi 445,97±228,2 gün olan hastalar, yorgunluk, dekonduasyon, günlük yaşam aktivite (GYA), ambulasyon, transfer, ağrı, lenfödem, seksüel disfonksiyon, mesane-barsak disfonksiyonu, kognitif sorunlar gibi çeşitli rehabilitasyon gereksinimleri yönünden değerlendirmiş olup, hastaların %81,7'sinin (n=245) rehabilitasyon gereksinimi olduğu saptanmıştır. Yorgunluk,

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## ÖNLEMLER

Lenfödem, etkilenen ekstremitede, proteinden zengin sıvı damar duvarına kaçıp, interstisyel alanda biriktiği için cilt enfeksiyon riskine açıktır. Bu nedenle cilt ve tırnak bakımı oldukça önemlidir. Ekstremitte nötral pH'lı sabunla yıkanmalı, düşük pH'lı bir krem ile nemlendirilmelidir (Cheville & ark., 2003).

Hastalar etkilenmiş ekstremitelerini major ve minor travmalardan, aşırı kullanımından, kontrolsüz ağır obje taşımaktan, aşırı sıcak ve soğuk maruziyetinden, dar kıyafetlerden, sinek ısırmasından ve kilo almaktan korumalıdır ve lenfödemli ekstremiteden kan alınmamalı, tansiyon ölçülmemelidir. Uçak yolculuğu esnasında ve yolculuk bitiminde 2 saat süresince kompresyon giysisini giymelidir. (Aras & Baday, 2016).

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