

# BÖLÜM 16

## Obstrüktif Uyku Apneli Hastalarda Anestezi

Sercan ÇIKRIKCI<sup>1</sup>, Ayşe Gül PARLAK ÇIKRIKCI<sup>2</sup>

### Giriş

Obstrüktif uyku apnesi sendromu (OUAS), uyku sırasında üst hava yolunun kısmi veya tam tıkanıklığının aralıklı ve tekrarlayan atakları ile karakterize yaygın bir solunum bozukluğudur. Genel popülasyonda prevalansının %2 ile %25 arasında olduğu tahmin edilmektedir. Ayrıca elektif cerrahi geçiren hastalarda uyku apnesi prevalansı çok daha yüksektir. Sedasyon ve anestezinin üst hava yolu kollapsını artırdığı için hasta perioperatif dönemde risk altındadır. Bu hastaları tanımlamak zamanında önlem alabilmek için önemlidir<sup>1</sup>.

### Preoperatif Dönem

Yetişkin hastalarda ameliyat öncesi öykü ve fizik muayene sırasında, horlama, apne, gündüz uyuklama hali ve OUA ile ilişkili diğer semptomlar sorgulanmalıdır. Bu hastalarda obezite, hipertansiyon, diyabet, erkek cinsiyet, alkol kullanımı ve kalın boyuna sahip olma (erkeklerde>43cm, kadınlarda>41cm) gibi bazı durumlar yüksek OUA riskini belirtir<sup>2</sup>.

OUA tanısı konmamış 708 cerrahi hastayı içeren bir çalışmada hastaların %38'inin preoperatif polisomnografiye göre orta ve şiddetli OUA olduğu bulunmuştur (AHİ>15). Bu gruptaki hastalarda OUA tanısı anestezi uzmanları tarafından %60, cerrahlar tarafından %92 oranında gözden kaçmıştır. Ayrıca bu çalışmada STOP-Bang tarama anketinin (Tablo 1) kullanılmasının bu hastaların %93'ünün OUA riski altında olduğunu belirleyebileceği tespit edilmiştir<sup>3</sup>.

<sup>1</sup> Op. Dr., Yozgat Şehir Hastanesi Kulak Burun Boğaz Kliniği, drsrc46@gmail.com

<sup>2</sup> Araş. Gör. Dr., Yozgat Bozok Üniversitesi Araştırma ve Uygulama Hastanesi Anesteziyoloji ve Reanimasyon Anabilim Dalı, aysegul89\_parlak@hotmail.com

için nöroaksiyel morfin kullanımından kaçınır. Bazıları ise düşük dozda kullanılan nöroaksiyel morfinin, parenteral kullanılan opioidin analjezik etkisine göre solunum depresyonu riskini daha az barındırdığını düşünmektedir<sup>55</sup>. Transvers abdominal alan bloğu (TAP blok), kataterle verilen lokal anestezi ve nöroaksiyel teknikler postoperatif analjeziyi sağlamak için düşünülmesi gereken diğer tekniklerdir. Antiemetik, antihistaminik, anksiyolitik gibi sedatif ilaçların kullanımından kaçınılmalı veya opioidler ile birlikte kullanılacaksa hastalar monitörlene edilerek takip edilmelidir<sup>43</sup>.

## Sonuç

OUA olan hastalarda perioperatif ve postoperatif komplikasyon insidansı OUA olmayanlara göre daha fazladır. Bu hastalar hızlı tanınmalı ve tedavisi düzenlenmelidir. OUA olan hastalarda genel yönetim stratejileri olarak sırt üstü pozisyon- dan kaçınılmalı, yeterli oksijenizasyon sağlanmalı, opioid ve sedatif ajanlar minimal kullanılmalı ya da kullanılmamalıdır.

OUA'nın tanısı, cerrah ve anestezi uzmanı iş birliği ile multidisipliner bir yaklaşımla ortaya konulmalıdır. Cerrahinin güvenli bir şekilde uygulanması için preoperatif değerlendirme, intraoperatif yönetimin planlanması, postoperatif takip için gerekli şartların oluşturulması mortalite ve morbidite riskini azaltacaktır.

**Anahtar Kelimeler:** anestezi, opioid, analjezi, oksijen, apne

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