

Bölüm 3

KRONİK PELVİK AĞRI

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GİRİŞ

Ağrı; “Vücudun her hangi bir yerinden kaynaklanan, gerçek ya da olası bir doku hasarı ile ilişkili, hastanın geçmişteki deneyimleriyle ilgili, duyusal, afektif, bir deneyimdir” (IASP, 2011). Ağrı hoş olmayan bir deneyim olmakla birlikte, kadınların yaşam kalitesini etkileyen, kanama ve enfeksiyonla birlikte jinekoloji polikliniğine başvuruda öncelikli semptomlardan biridir. (Atasü & Şahmay, 2001). Kronik pelvik ağrı, pelvisle ilgili yapılarda algılanan ve altı aydan uzun süren kalıcı, siklik olmayan ağrı olarak tanımlanmaktadır. Genellikle belirli bir etiyoloji tanımlanamaz ve kronik bölgelik ağrı sendromu veya fonksiyonel somatik ağrı sendromu olarak kavramsallaştırılabilir. Tipik olarak diğer fonksiyonel somatik ağrı sendromları (örneğin, irritabl barsak sendromu, spesifik olmayan kronik yorgunluk sendromu) ve ruh sağlığı bozuklukları (örneğin, travma sonrası stres bozukluğu, depresyon) ile ilişkilidir. Kronik pelvik ağrı tanısı, öykü ve fizik muayeneden elde edilen bulgulara dayanmaktadır. Farmakolojik tedavi ve kanıt dayalı tedaviler sınırlıdır. Farmakolojik tedaviler arasında depo medroksiprogesteron, gabapentin, nonsteroid anti-enflamatuar ilaçlar ve gonadotropin salgılayan hormon agonistleri ve geri alım hormonu tedavisi bulunur. Non-farmakolojik tedavi olarak da pelvik taban fizik tedavi ve alternatif tedaviler uygulanabilir. Cerrahi müdahale olarak; histerektomi, ağrı uterus kökenli gibi görünüyorrsa son çare olarak kabul edilebilir, ancak vakaların sadece yarısında önemli iyileşme görülmektedir.

Sakral sinir tutulumu varsa, sinirleri elektrik darbeleriyle uyarlan cerrahi olarak yerleştirilmiş bir cihaz aracılığıyla sakral sinir blokları veya nöromodülasyon ile ağrı kesilmesi mümkün olabilir (Fritz & et al., 2014; Martellucci, Naldini & Carriero, 2014). Kronik pelvik ağrı tedavisinde bu yöntemlerin spesifik rolünü

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gidalar ve bol sıvı tüketimi) gibi konularda eğitim programı düzenlenebilir. Sonuç olarak hemşireler, ağrının tanılanması ile birlikte tüm aşamalarda ağrının giderilmesi için büyük bir öneme sahip multidisipliner bir ekip üyesidir. Bu nedenle hemşireler; ağrının tanılanması, tedavisi ve kontrol edilmesi konularında bilgi sahibi olmalıdır (Priscilla, 2012; Malak & Beji, 2015).

Anahtar Kelimeler: Pelvik ağrı, kronik pelvik ağrı, jinekolojik ağrı

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