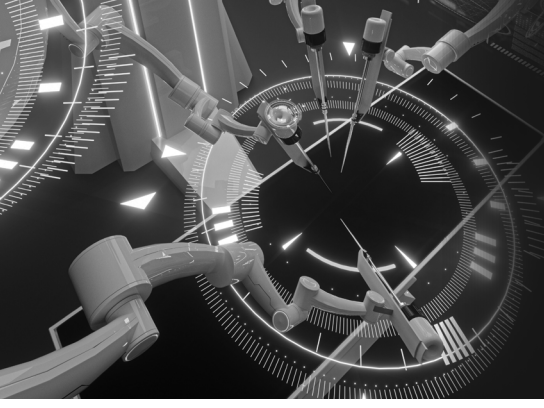




Bölüm 15

LAPAROSKOPIK KOLESİSTEKTOMİDE YENİLİKLER

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GİRİŞ

Floransalı patolog Antonio Benivieni'nin 1420'de safra kesesi taşıını tanımlamasından beri safra kesesi ve hastalıkları ile ilgili çalışmalar süregelmektedir. 1658'de Glisson tarafından biliyer kolik ağrısı tanımlanmıştır. Pürülan peritonite sebep olmuş kolesistit atağı için 19. yüzyıl sonlarına doğru John Stough Bobbs ilk kolesistotomiyi, Marion Sims ilk kolesistostomiyi ve Carl Langenbuch ilk başarılı kolesistektomiyi tanımlamış ve bunlar semptomatik kolelitiyazis tedavisinin temel taşlarını oluşturmuştur.^(1,2) 1985 yılında Erich Mühe tarafından 94 vakalık laparoskopik kolesistektomi serisi yayınlanana kadar açık kolesistektomi semptomatik safra kesesi hastalığı için tercih edilen tedavi yöntemi olmuştur.⁽³⁾ Laparoskopik kolesistektomi açık kolesistektomiye göre daha az ağrı ve analjezik ihtiyacı, hastane yatış süresinde ve normal aktiviteye dönüş zamanında kısılma, daha az adezyon ve insizyonel herni olasılığı, kozmetik avantajları nedeniyle son 30 yılda tercih edilir hale gelerek tedavide altın standart olmuştur.

Laparoskopik kolesistektomi ameliyatları arttıkça açık kolesistektomiye göre daha fazla safra yolu, intestinal veya vasküler yaralanmalar görülmeye başlanmıştır.^(4,5) Günümüze kadar olan süreçte laparoskopik kolesistektominin invaziv

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