



Bölüm

19

PANKREAS HASTALIKLARINDA LAPAROSkopİK CERRAHİ

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Pankreas hastalıklarında laparoskopik cerrahi özellikle son 20-30 yıl içerisinde oldukça ilerleme kaydetmiştir. Ama bu ilerleme; pankreasın gevşek doku yapısı, retroperitoneal alanda olması, zor ulaşılması, çevre damarlar ile yakın komşuluğu nedeniyle ciddi kanamalara neden olabilmesi, pankreasa zor ulaşılması ve pankreas cerrahisi sonrası olası komplikasyonlar nedeniyle sınırlıdır. Bununla beraber teknolojideki gelişmeler ve cerrahi deneyimler sayesinde pankreasın minimal invaziv cerrahisinde ilerlemeler olmuştur.

Pankreasın laparoskopik cerrahisi oldukça geniş bir alanda olup benign hastalıklardan malign hastalıklara ve inflamatuar süreçlerden enfektif süreçlere kadar geniş bir alanda kullanılabilmektedir. Laparoskopik cerrahi tecrübeli elerde güvenli ve avantajlı olabilmektedir.(1)

Cuschieri tarafından ilk defa 1994 yılında laparoskopik distal pankreatektomi yapılmıştır.(2) Yine aynı yıl Gagner ve Pump tarafından da 30 yaşında kadın hasta da kronik pankreatitden dolayı laparoskopik olarak pilor koruyucu pankreatikoduodenektomi yapılmıştır. (3)

Pankreas cerrahisi; en sık pankreas kanserleri, periampuller bölge tümörleri ve premalign pankreas kistleri için yapılmaktadır. Lezyonların yerleşimlerine göre en sık pankreatikoduodenektomi ve distal pankreatektomi yapılmaktadır.

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Laparoskopik ameliyatlar; açık ameliyatlara göre daha uzun sürmektedir. Öğrenme döneminde bu süre daha da artabilmektedir. Laparoskopik cerrahi sırasında başlandıktan sonra diseksiyon ve cerrahi aşamalarda yeterli ilerleme kaydedilemiyorsa, açığa geçme konusunda tereddüt edilmemelidir.

Sonuç olarak artan vaka sayıları ve deneyim ile beraber, seçilmiş vakalarda LPD daha güvenli olarak yapılmaktadır. LPD vakaları yapıldıkça, ek olarak vasküler rezeksyon veya çevre organ rezeksyonları gerektiren vakalarda da laparoskopik kullanılabilecektir.

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