

## Bölüm 2

# RİNOPLASTİDE ÖDEM VE EKİMOZ YÖNETİMİ

Sinem GÖKÇE KÜTÜK<sup>1</sup>

### GİRİŞ

Rinoplasti, dünya çapında en sık yapılan kozmetik cerrahi müdahalelerinden biridir <sup>(1,2)</sup>. Prosedür, optimum estetik görünüm sağlamak için nazal ve paranasal segmentlerin altındaki yumuşak dokuların oransal bir organizasyonu ile karakterizedir <sup>(3)</sup>. Ayrıca, cerrahi müdahale yüksek oranda vaskülarize bir bölgede yapıldığı için, cerrahi girişim ile ilişkili travmanın çok sayıda komplikasyona neden olduğu bildirilmiştir <sup>(4,5)</sup>. İlk olarak, çalışmalar cerrahi sırasında yüksek hacimde intraoperatif kan kaybı olduğunu belgelemişlerdir <sup>(6)</sup>. İkinci olarak, doku travması sonucunda daha yüksek seviyelerde inflamatuvar yanıt gerçekleştiği raporlanmıştır <sup>(7)</sup>. Bu artmış inflamasyon seviyesinin, doku sıvılarının birikmesini hızlandırdığı ve bunun da postoperatif faz sırasında daha yüksek ödem ve ekimozu arttırdığı bildirilmiştir <sup>(8,9)</sup>. Buna ek olarak, daha yüksek postoperatif ödem seviyelerinin görme keskinliğinde azalma ve iyileşme süreci ile ilişkili olduğu bildirilmiştir <sup>(8)</sup>. Benzer şekilde periorbital bölgelerde artmış ekimoz seviyelerinin, estetik görünüm üzerindeki etkisi nedeniyle hastalar için endişe kaynağı olduğu bildirilmiştir <sup>(8,9)</sup>.

Bazı araştırmacılar, 1950'lerden bu yana değişken başarı sergileyen ödem ve ekimozu azaltma yöntemleri üzerinde çalışmışlardır <sup>(10)</sup>; ancak rinoplasti hastalarının postoperatif bakımı halen tartışmalıdır <sup>(11)</sup>. Bu yöntemler arasında steroidler ve dekonjestanlar, bitkisel takviyeler ve lateral osteotomilere farklı yaklaşımlar da dahil olmak üzere çeşitli cerrahi teknikler bulunur. Yaptığımız bu çalışma ile, rinoplasti hastalarında operasyon sonrası gözlenen ekimoz ve ödem sorunlarının azaltılmasına yönelik önde gelen intraoperatif ve postoperatif uygulamaları sunmayı planlıyoruz.

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tominin konvansiyonel osteotomiye kıyasla daha az ödem ve ekimozise neden olduğu rapor edilmiştir. Piezoelektrik osteotomi uygulanan hastalar da postoperatif dönemde daha az ağrı görülmüş ve daha az mukozal yaralanma gelişmiştir. Ayrıca piezoelektrik osteotominin, osteotomi yönteminden (dış ve iç) bağımsız olarak ödem ve ekimoz üzerine olumlu sonuçlar sergilediği raporlanmıştır<sup>(71)</sup>.

## **SONUÇ**

Çalışmamızda; rinoplastide ameliyat sonrası oluşan ödem ve ekimozu azaltmak ve tedavisini hızlandırmada bugüne kadar kullanılmış olan teknikleri bir araya getirmeye çalıştık. Bu teknikler içerisinde, cerrahi teknik yaklaşımları, intraoperatif ve postoperatif girişimler, kortikosteroidlerin ve bitki türevli destekler yer almaktaydı. Her bir kategori kendi içerisinde ele alındığında, hem sınırlı sayıda literatür çalışmasının olması, hem de yapılan çalışmaların çelişkili sonuçlar doğurması, rinoplastide ödem ve ekimoz için standart bir prosedürün oluşmasını engellemektedir. Bu handikaptan kurtulmak için, daha çok sayıda hasta üzerinde ve tek merkezli olmayan birçok çalışmaya ihtiyaç vardır. Her bir cerrah kendi deneyimi ve hasta ön değerlendirmesinde karar verdiği bireysel kararları literatüre yansıtmalı ve bu konuda eksik olan parametrelerin giderilmesi sağlanmalıdır.

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