

# OBEZİTE VE YARA İYİLEŞMESİ

## 24. BÖLÜM

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### Giriş

Obezite hem ülkemizde hem de dünyada prevalansı hızla artan önemli bir halk sağlığı sorunudur. Obezite; hormonal, kardiyovasküler, ortopedik ve psikiyatrik sağlık sorunlarına yol açar. Farklı organ ve sistemleri etkilediği için konunun multidisipliner yaklaşımla ele alınması gerekmektedir. Obezite; görülme sıklığının artmasına eşlik edecek şekilde farklı uzmanlık alanlarının konuya ilgilerinin de arttığı, önlenabilir ve tedavi edilebilir bir sorundur.

Obez hastaların cilt yapısı obez olmayanlara göre bazı farklılıklar gösterir. Obez hastalardaki vücut-kitle indeksinin artışı cilt fizyolojisini, cildin kollajen yapısını, cildin bariyer görevini ve kutanöz yara iyileşmesini etkiler (1). Aynı zamanda cilt yapısındaki yağ ve ter bezleri etkilenirken, cildin kan dolaşımı ve lenfatik dolaşımında değişiklikler meydana gelir. Diğer önemli bir etkisi de ciltte bazı enfeksiyonların görülme sıklığını arttırmasıdır (2).

Biz cerrahlar açısından ise; obez hastalarda ameliyat sonrası yara iyileşmesinin bozulduğu uzun zamandır bilinmektedir (3,4). Plastik cerrahi alanında da obezitenin yara iyileşmesinde bozulma ve yara ayrışmasında artış gibi ameliyat sonrası komplikasyonlar ile ilişkisi gösterilmiştir (5-9). Bu yara iyileşmesi bozukluğu özellikle abdominoplasti ve uyluk germe gibi vücut şekillendirme estetiği konularında daha sık gözlenmekle birlikte estetik dışı rekonstrüksiyon ameliyatlarında da ortaya çıkabilmektedir. Obez hastalara vücut şekillendirme estetiği yapılması konusu bu yüzden tartışmalıdır. Pek çok cerrah obezite tanısı konan hastaların öncelikle kilo vermesi gerektiğini ve daha sonra estetik düzeltme iş-

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Obez hastalara yapılması planlanan operasyonlar ertelenebilecek nitelikte ise öncelikle obezitenin tedavisi yapılmalı, daha sonra bu planlı ameliyatlar yapılmalıdır. Ameliyatlar öncesinde hastanın mineral ve vitamin eksiklikleri araştırılmalı ve uygun şekilde tedavi edilmelidir. Obez hastalara yapılacak cerrahi müdahalelerde daha yüksek oranda yara ile ilgili komplikasyonlar görülebileceği akılda tutulmalı ve hastalara bu yönde bilgilendirme yapılmalıdır. Operasyonlar esnasında yağ dokunun özel anatomik ve fizyolojik yapısı akılda tutulmalı dolaşım özelliğini bozmayacak şekilde kesiler planlanmalı ve cilt altı dokuya mümkün olduğunca atravmatik davranılmalıdır. Tüm bunlara rağmen postop yara iyileşme bozukluğu görülen hastalar için güncel standart yara bakım yöntemlerinin uygulanması gerekli olacaktır.

Sonuçta hem obezitenin cilt dokusu üzerine etkilerinin hem de yara iyileşme sürecinin kompleks yapıları nedeniyle, obezitenin hangi yollardan yara iyileşmesini bozduğu konusunda henüz bilgilerimiz sınırlıdır. Konuya ilgi duyan araştırmacılar tarafından aradaki ilişkiyi aydınlatıcı yeni çalışmaların yapılmasına ihtiyaç vardır. Böylece hem obez hastalardaki kronik yaraların tedavisi hem de cerrahi sonrası yara komplikasyonlarının azaltılması mümkün olabilecektir.

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