

## Bölüm

## 7

Onkolojik Hastalılarda  
Palyatif Bakım

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Palyatif bakım (PB), kanser gibi ciddi veya yaşamı tehdit eden bir hastalığa sahip hastaların yaşam kalitesini iyileştirmek için önemlidir. PB, fiziksel, psikosozal, ailevi ve manevi kaygıları ele alarak ve gelecekteki bakım için planlama yaparak hastanın yaşam kalitesinin artırılmasına odaklanır.

### Palyatif Bakım Nedir

Dünya Sağlık Örgütü (DSÖ) tarafından 1980 lerin başında son dönem kanser hastaları için tanımlanan PB, 2002 yılında "yaşamı tehdit eden bir hastalıkla karşılaşan hasta ve ailelerin, hastalığın tanısından ölüme kadar olan süreçte ağrı ve semptomların erken tanınması ve tedavi edilmesi, psikosozal ve ruhsal, manevi desteğin sağlanarak yaşam kalitelerini arttırılması" olarak belirtilmiştir (1). 2014 yılında PB'nin hekimlerin vicdani yükümlülüğü olması gerekliliği şeklinde görüşte tanıma eklenmiştir. Gene hasta yakınlarının bu dönemde ve sonrasında yas sürecinde psikosozal yönden kontrol edilmesi de PB tanımlamasına ilave edilmiştir (2). Bu tanımlamalara göre PB tek bir meslek tarafından yönetilemez, multidisipliner bir çalışma gerektirir. Bu ekiple doktor, hemşire, diyetisyen, eczacı, fizyoterapist, psikolog, din görevlisi, sosyal hizmetler uzmanı ve gönüllü bulunabilmekte iken ülkemizde PB hizmetlerinin yürütülmesinde yer alacak meslek grupları doktor, hemşire, sosyal hizmetler, diyetisyen, psikolog olarak belirlenmiştir (3).

PB kişi ile bir bütün olarak ilgilenen bir yaklaşımdır. Amaç, ilgili psikolojik, sosyal ve manevi problemlerin yanı sıra, hastalığın ve tedavisinin semptomları ve yan etkilerinin olabildiğince erken dönemde önlenmesi veya tedavi edilmesidir. PB ayrıca konfor bakımı, destekleyici bakım ve semptom yönetimi olarak da adlandırılır.

rahın klinik deneyimini ve iletişim becerisini kullanması gereken bir bölümdür. Tedavi seçiminde hastanın yaşı, tümörün tipi, hastalığın evresi, beklenen yaşam süresi, semptom yoğunluğu ve yaşam kalitesine etkileri gibi birçok faktör etkilidir. Tedavi kararında işlemin yapılması ve yapılmaması durumunda oluşabilecek morbitide, mortalite, maliyet gibi faktörler dikkate alınmalıdır. Palyatif cerrahide, tedavinin öngörülen faydalarının risk ve zararlarından daha fazla olması gerekmektedir (6, 92). Ferrel ve ark. palyatif cerrahi düşünülen hastalar için, birincil karar verme faktörünün, kontrolsüz semptomların fiziksel etkisi olduğunu göstermiştir. Sekonder faktörler, semptomların sosyal etkileri ve umudun sürdürülmesi olarak bulunmuştur (93). Palyatif cerrahide en sık endikasyonlar malign barsak obstrüksiyonları, yara sorunları/fistül, safra yolu tıkanmaları, malign asit ve tümör kaynaklı kanamalardır (94). Cerrahi dışı girişimlerde, damar yolunun sağlanması, efüzyonların drene edilmesi, enteral beslenme ve ağrının kontrol edilmesi önemlidir (64, 95).

Palyatif cerrahi prosedürler, kanser hastalarına bakım veren genel cerrahların pratiğinin önemli bir parçasıdır. Bir cerrahi operasyon planlanıyor ise, hasta, hasta yakını ve tedavi ekibi yaşam kalitesine odaklanan gerçekçi başarı hedeflerini, sağlam bir şekilde anlamalıdır. Semptomların kötüleşmesi ve ölüm dahil tüm riskler açıkça değerlendirilmeli, eğer bu şartlar sağlanır ise cerrahi prosedür gerçekleştirilmelidir. Ayrıca cerrahlar hastayı opere etsin veya etmesin takibe devam etmelidir (96).

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