BÖLÜM 16

KRONİK BÖBREK HASTALIĞINDA VE BÖBREK NAKLİNDE KONTRASEPSİYON

Elizabeth Schmıdt, Sarah L. PACHTMAN
Justin T. DIEDRICH
Çeviri: Mustafa SEVİNÇ

Plansız gebelik Amerika Birleşik Devletlerinde bir epidemidir. Bir yılda gerçekleşen 6.1 milyon gebeliğin yaklaşık yarısı plansızdır ve bunların %42'si düşükle sonlanmaktadır [1]. İleri evre kronik böbrek hastalığı (KBH) olan, diyalize giren, böbrek nakilli olan kadınlarda kontraseptif danışmanlık, istenmeyen gebeliklerin önlenmesi için önemlidir. Bu bölümde, KBH'lı hastaların tıbbi durumları göz önünde bulundurularak, kontraseptif metotların fayda ve zararları, hasta ve hekimlerin hangi metodun en iyi olduğuna karar vermesinde yardımcı olabilmek için kılavuzların derlemesi, irdelenmiştir.

KONTRASEPSİYON İÇİN GENEL BİLGİLER

Doğurganlık son dönem böbrek hastalığında toplumun genelinde göre daha düşüktür ancak gebelik nadir bir olay değildir. Amerika'daki nefrologlara yönelik bir ankette, katılımcıların yaklaşık %50'sinin gebe diyaliz hastasına hizmet verdiği görülmüştür [2,3]. Bu popülasyonda amenore da dâhil olmak üzere menstrüel düzensizlikler görülebilir. Ancak, amonere, anovulasyon demek değildir. Bu yüzden, bu alt gruptaki kadınlarla gebelik hakkında konuşmak çok önemlidir. Gebelik planlaması ve yönetimi nefrologlarla, yüksek riskli gebelik uzmanları birlikteliği ile yapılmalıdır. Diyaliz sırasına gebelik, rezidüel renal fonksiyonların kaybına ve preeklampsi ve/ya eklampsi, erken travay, iatrojenik erken doğum, spontan düşük, rahim içi gelişme geriliği hatta ölü doğumun da dâhil olduğu daha kötü maternal ve fetal sonuçlara yol açabilir [4]. Bahsedilen bu olasılıklardan dolayı uzmanlar geçmişte, bu hasta grubunda, gebelikten kaçınılmasını sıklıkla önerirlerdi [5].

Bir hastaya yönelik en güveli kontrasepsiyon metoduna karar verilirken altta yatan tüm tıbbi komorbiditeler göz önünde bulundurulmalıdır. *The Centers for Disease*

SONUÇ

Kronik böbrek hastalığı ve nakil popülasyonundaki artış nedeni ile, nakil önce ve sonrasındaki dönemde istenmeyen gebeliklerin önlenmesi adına kontrasepsiyon danışmanlığı gereklidir. İstenmeyen gebeliğin hem anne hem de fetüs üzerinde yıkıcı etkileri olabilir. Hekim, en iyi kontrasepsiyon metodunu bulmak için hasta ile birlikte, hastanın tercihini ve tıbbi komorbiditeleri göz önünde bulundurarak, iş birliği yapmalıdır. LNG-RİS KBH ve nakilli hasta için ideal bir seçenektir çünkü; ilk önerilen tedavidir, aylık kan kaybının azalmasına yardımcı olacaktır ve kolayca geri dönüştürülebilir. RİA'ya ek olarak, ENG-implant yüksek etkinliği ve kullanım kolaylığı nedeni ile iyi bir yalnızca progestin içeren metottur. Kişisel kanama paternleri değişkenlik gösterebilir fakat tedavi edilebilirler. Kombine hormonal metotlar vaka bazlı bazı durumlarda uygun olabilir fakat yüksek başarısızlık oranı dolayısı ile ilk önerilen metot olamayabilirler. Şayet gebelik oluşur ve sonlandırılmak istenirse, işlemin ayaktan mı yoksa yatırılarak mı yapılacağı hastanın klinik durumuna bağlıdır. Aile planlama uzmanı ile konsültasyon tavsiye edilir. Kadınların çoğu medikal sonlandırma için aday olmayacaktır. KBH'ya eşlik eden birçok fizyolojik değişiklikten dolayı, bu popülasyonda düzensiz kanama da gelişebilir ve sağlıklı akranlarındaki tanısal algoritmada olduğu gibi tetkik edilmesi gerekir. Tedavi seçenekleri klinik duruma ve komorbiditelere bağlı olarak şekillendirilebilir.

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