Bölüm 4

# LAPAROSKOPİDE BATINA GÜVENLİ GİRİŞ TEKNİKLERİ

Şerif AKSİN[1]

## GİRİŞ

Laparoskopi, jinekolojide yaygın olarak kullanılan ve küçük geniş insizyonlar yoluyla karın içi erişim sağlamak için bir laparoskopun kullanıldığı cerrahi bir prosedürdür. (1,2) Laparoskopik cerrahi, laparotomiye göre hızlı iyileşme, daha düşük hastanede yatış süresi, daha az ağrı oranları açısından avantajlıdır. (3) Herhangi bir ameliyat yöntemi ile laparoskopi arasındaki temel ayrım, laparoskopide ilk girişin genellikle kapalı bir şekilde yapılmasıdır. Kapalı giriş, özellikle daha önce ameliyat geçirmiş hastalarda damar veya organ hasarına neden olabilir. Girişle ilgili zorluklardan biri, hasarın hemen tespit edilememesi ve ardından majör onarımı gerektirmesidir. (4)

Komplikasyonlar, veress iğnesi yerleştirilmesi, pnömoperitoneum oluşturulması, batına ulaşılması ve birincil trokar yerleştirilmesi dahil olmak üzere birkaç aşamada gerçekleşebilir. En güvenli giriş tekniğine ilişkin görüşler bölünmüştür ve klinik uygulama çeşitlidir. (5) Laparoskopinin laparotomiye göre avantajları iyi bilinmektedir ve komplikasyon riskinin değerlendirilmesi esastır. (6) 29. 966 tanısal ve operatif laparoskopiyi kapsayan bir seri de, ölüm oranı yüz bin laparoskopide 3. 33, genel komplikasyon oranı bin laparoskopide 4. 64 ve laparatomi gerektiren komplikasyon oranı bin de 3. 20 olarak bildirilmiştir. (7)

Majör komplikasyonlar, ölüm, vasküler yaralanma (büyük damarlar ve karın duvarı damarları), iç organ yaralanması (mesane veya bağırsak), gaz embolisi, katı organ yaralanması, başarısız giriş (periton boşluğuna erişememe) şeklindedir. Potansiyel olarak yaşamı tehdit eden komplikasyonlar arasında, büyük vasküler damarlar, bağırsağın ve karın ön duvarı damarlarının yaralanması yer alır. (8,9) Büyük bir retroperitoneal damar yaralanması, prosedürlerin %0. 3 ila %1. 0'ında, en yaygın olarak veress iğnesi veya primer trokar yerleştirilirken laparoskopik giriş sırasında meydana gelir. (10)

Bhoyrulet al, 629 trokar yaralanmasına bağlı 31 ölümlü inceleme de, ölümlerin %81'inin vasküler yaralanmadan ve % 19'unun bağırsak yaralanmasından kaynaklandığını bildirdi. (11) Laparoskopik prosedürleri takip eden barsak yaralanmaları genellikle intraoperatif olarak teşhis edilmez ve bu da mortaliteyi arttırır. Jinekolojik laparoskopide barsak yaralanmasının genel insidansı 769'da 1'dir. Gecikmiş tanı da, 31'de 1 ölüm oranı ile ilişkilidir. (12) Minör komplikasyonlar, ekstraperitoneal insuflasyon, trokar yeri kanaması, trokar yeri enfeksiyonu, insizyonel herni, omentum yaralanması,postoperatif enfeksiyon, deri altı amfizem, ekstraperitoneal insuflasyon ve trokar bölgesi fıtığı gibi küçük komplikasyonlar da laparoskopik giriş ile ilişkilidir. (13)

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## KAYNAKLAR


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