

# Bölüm 29

# LAPAROSKOPI KOMPLİKASYONLARI ÖNLEM VE YÖNETİMİ

Özgür ERDOĞAN<sup>1</sup>

## GİRİŞ

Jinekolojik cerrahide laparoskopinin kullanıma girmesi yaklaşık 60 yıllık bir süreçtir. Önceleri teşhis amaçlı ve tüp ligasyon gibi komplike olmayan tedavi süreçlerinde laparoskopiden faydalananlarda, kullanılan ekipmanlarda meydana gelen teknolojik gelişmeler çerçevesinde günümüzde hemen hemen açık cerrahi ile yapılabilen her tür operasyonda kullanılabilmektedir. Bu yaygın kullanılan yöntemin komplikasyon oranı yüksek değildir. Genel komplikasyon oranı 1000 prosedürde 5,7' olarak bildirilmektedir (1-3). 1,5 milyondan fazla jinekolojik hastayı içeren bir inceleme, prosedürlerin yüzde 0,1 ila 10'unda komplikasyon (herhangi bir tür) bildirmiştir (4). Komplikasyonların yarısı batına giriş aşamasında oluşmuş, %20-25 komplikasyon ise postoperatif dönemde fark edilmiştir.

1980 ve 1999 yılları arasında abdominal giriş esnasında oluşan yaralanmalarından kaynaklanan durumların sonuçlarını ve ABD gıda ve İlaç Dairesi'ne (FDA) tıbbi cihaz raporlarını bildiren bir çalışma yayınlandı (5). Buna göre batına giriş esnasında oluşan yaralanma insidansı 10.000 prosedürde 5 ila 30 arasıydı. Bağırsak ve retroperitoneal vasküler yaralanmalar, tüm yaralanmaların yüzde 76'sını oluşturuyordu. İnce ve kalın bağırsak yaralanmalarının neredeyse yüz-

de 50'si en az 24 saat boyunca fark edilmedi. Abdominal erişim sırasında organ yaralanmasının tipi ve oranı ise şu Şekil deydi.

- İnce bağırsak (yüzde 25)
- İlyak arter (yüzde 19)
- Kolon (yüzde 12)
- İlyak veya diğer retroperitoneal ven (yüzde 9)
- Mezenterik bir damarın ikincil dalları (yüzde 7)
- Aort (yüzde 6)
- Alt vena kava (yüzde 4)
- Karın duvarı damarları (yüzde 4)
- Mesane (yüzde 3)
- Karaciğer (yüzde 2)
- Diğer (yüzde 2'den az)

## Risk Faktörleri

Önceden batın cerrahisi geçirmiş olan ya da batın içi endometriozis, pelvik inflamatuar hastalık vb hastalık geçirmiş hastalardaki işlemlerde komplikasyon riski, bunlar olmayan hastalardan yükseltir. Komplikasyon riskini arttıran durumlar; intestinal obstrüksiyon, büyük pelvik ya da batın içi kitlesel oluşumlar dens yapışıklıklar, kardi-yopulmoner hastalık ve diyafram hernisiidir. Bu durumlardaki hastalar için genelde laparoskopik olmayan yaklaşımalar daha uygun olabilir. Diğer cerrahi prosedürlerde olduğu gibi, komplikasyon sayısı cerrahın deneyimi ve uygulanan işlemlerin sayısı ile de ilişkili görülmektedir.

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