

Bölüm 18

GEBELİĞE BAĞLI KANAMALARDA PERİOPERATİF DEĞERLENDİRME

Koray GÖK¹

GİRİŞ

Peripartum kanama maternal morbidite ve mortalitenin önde gelen nedenidir. Her yıl yaklaşık 500000 kadın kanama nedeni ile ölmektedir ve bunların dörtte birinin nedeni obstetrik kanamalardır (1).

Obstetrik kanamalarda perioperatif dönemi, kanamanın zamanına göre 3 başlık altında değerlendirmek akıllıca olacaktır.

1. Antepartum kanamalar
2. Postpartum kanamalar
3. İntrapartum kanama ihtimali yüksek olan durumlar (planlı sezaryen histerektomi gibi).

PREOPERATİF DEĞERLENDİRME

1. Bu hastalar genel anestezi ihtimali göz önüne alınarak entübasyon zorluğu açısından ameliyat öncesi değerlendirilmelidir. Entübe edilmesinde güçlük çekilen hastalarla ilgili cerrahi dahil alternatif yollar denenmelidir (video laringoskop, fleksibl entübasyon skopi gibi).
2. Kanama diatezi olan hastaların yönetimi bir hematoloğun yardımıyla yapılmalıdır.
3. Antenatal kan grubu tayini yapılmalı, gerekli kan ve kan ürünlerini hazırlanmalıdır. Bu hastalara iki geniş çaplı damar yolu açılmalıdır. Tansiyon takibi ve kan örneği alınması için intraarteryel kateter yerleştirme ihtiyacı belirlenmelidir.
4. Kan ve kan ürünlerinin optimal transfüzyonu; hemodinaminin stabilizasyonu, dokuların oksijenizasyonu ve hemostatik fonksiyon için önemlidir.

¹ Op. Dr, Sakarya Üniversitesi Eğitim ve Araştırma Hastanesi, drkorayctf@hotmail.com

Kanıt dereceleriyle ilgili açıklamalar:

1B (orta derece kanıt) birçok hastaya uygulanacak güçlü öneri

1C (düşük derece kanıt) göreceli güçlü öneri

2B (orta derece kanıt) zayıf öneri

2C (düşük derece kanıt) zayıf öneri

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