3.3 HEMODİNAMİK MONİTÖRİZASYON VE TEE KULLANIMI

Taylan ŞAHİN[1]

Hemodinamik instabilite (HDI), hemen hemen her karaciğer naklinde yaygındır (1-4) Uzun süreli hipotansiyon, hayati organların bozulmuş perfüzyonu ve hayati organ hasarı ile ilişkilidir (4-8).

Karaciğer naklinde HDI çok faktörlüdür ve büyük sıvı kaymaları, inferior vena kavanın klemplenmesi ve klempin açılması, cerrahi kanama, koagülopati, miyokardiyal disfonksiyon, dinamik sol ventrikül çıkış yolu tıkanıklığı (LVOTO), şiddetli vazodilatasyon ve postreperfüzyon sendromu (PRS) nedeniyle oluşabilir (1,4,9,10,11,)

Sirotik kardiyomiyopatinin yaygınlığı, hangi tanı kriterlerinin kullanıldığına bağlı olarak %17,5 ile %78,6 arasında değişmektedir (12). Strese maruziyette ani dolaşım dekompansasyonu ile birlikte strese karşı körelmiş kronotropik ve inotropik yanıt, sirotik kardiyomiyopatinin karakteristiğidir ve perioperatif morbidite ve mortaliteye katkıda bulunur (12-14). Ani hipovolemi, hipervolemi, vazopressör ve inotropik ilaçların kullanımı şeklinde oluşan intraoperatif stresler karaciğer nakli sırasında sirotik kalbin dekompansasyonunu tetikleyebilir (12-14).

İntrakardiyak trombüs (İKT) ve pulmoner emboli insidansı %1-6›dır ve intraoperatif mortalite %30-55›tir (4,15). Karaciğer nakli yapılan hastaların %3-

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izlenir ve greft fonksiyonunun yeterliliğini değerlendirmek için erken postoperatif döneme kadar takip edilir.

Metabolik bozuklukların erken tanınması ve bunların sonraki tedavisi sonuçları iyileştirir ve perioperatif mortaliteyi azaltır. Bu nedenle hızla değişen metabolik bozuklukların izlenmesi LT'de rasyonel intraoperatif yönetimin kaçınılmaz bir parçasıdır.

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