

### Durerea cronică postoperatorie si locul medicatiei antihiperalgezice in analgezia perioperatorie

managementul perioperator al bolnavului operat. , PSOLF DUHD PHGLFLORU DQH  
FURQLF D GXV OD REHLFWLYDUHD XQHL SDWRORJLL R  
GXUHUHD FURQLF SRVWRSHUDWRULH

20% din acestea sunt dureri severe postoperatorii FDUH LPSXQ DQDOJH]LH  
(LQWUDYHQRDV æL ORFRUHJLRQDO FX VIDEASITATEA U HOH  
durerii DFXWH SRVWRSHUDWRULL VH FRUHOHD] FX QDWXU  
PDUH YDULDELOLWDWH D U VSXQVXOXL LQGLYLGXDO F  
H[WUHP GH SHUVRQDO FX FRPBRQHHGWIHDILHFWGY æL  
altul.

reputate ca fiind grevate de un procentaj relativ ridicat de cronicizare a durerii postoperatorii,  
DFHDVW SDWRORJLLHL DUW WPHSæFXæXL DQHVWH]LVW æ  
SDFLHQWXO QX VH PDL J VHæWH vQ JULMD VD OD PI  
DQHVWH]LVW VH FROFHQWUHD] SH PDQDJHPHQWXO SH  
du UHUHD DFXW SULQ PHFDQLVP QRFLFHSWLY

un num r VHPQLILFDWLY GH EROQDYL FX DFX]H GXUHURDVH  
cele mai diverse, cum ar fi: FFD GXS DPSXWD LD PHPEUXOXL  
WRUDFRWRPLH (van Gijn & Smeets, 2007) HFæR PLHGXS æL HUQLRU  
(Macrae, 1999). Un studiu mai recent (ODFUDH HVWLPHD] OD QLY  
41000 -103000 nr de cazuri noi anual.

### Fiziopatologia durerii cronice postoperatorii

exces de stimulare a nociceptorilor periferici prin gestul chirurgical æL HOLEHUDUHD GH F  
celulele lezate, care dec ODO æ HD]H R QU æ DP.DIVRPILEæXæRFDHO FDUH XU  
OH]LXQL WLXODUH VH FROVWDW R GLPLQXDUH D  
(hiperalgezie primară) IQ SDUDOHV VH SURGXFH æL æRæL æ WH  
SULO IHQRPHQ GH QHXURSODVWLFLWDWH FDUH LPSOL  
IHQRPHQ FX æL æL FDUH VH PDQLHVW OD  
SRVWRSHUDWRULL 3RæSæBIZAREæCæTRALÆ æ D UI HOæIR PUHQæX æHU H  
GHVFHQGHQWH OD QLYHOXO FRUQXOXL Si RæVæLHUEæRæQæVæDUæ

HVWH GDW OD QLYHO PROHFXODU GH DFWLYDUHD UH nociceptive, aflat în DFHVW FRUQ SRVWHULRU DO P GXYHL VSLO U \$FHDVW KLSHU[FLWDELOLWDWH PHGXODU D IRVV chirurgicale (VWH OD RULJLQHD DOORGLQLHL PHFDQLFH GH VH UHPLWHSRQMDUOHJXOD RULJLQHD IHQRPHQHORU GH DFWLYDUHD ~QRFLFHSWRULORU VLOHQ LRæL· DYKQG KLSHUH[SUHVLD FDQDOHORU GH VRGLX G C S H L Q C VRGLX FD æL UHFHSWRULL 10'S ILLQG LQWH GH DF /H]LXQHD QHXURORJLF SURYRDF R UHDF LH LQIODPD susceptibile V DPSOLILFH IHQRPHSHUQHGHV VæLVIFHLOWUJDOH PROHFXOH GH VHPQDO DOWHUDUHD H[SUHVLLH XQ H[FLWDELOLWDWH QHUXRQDO FDUH VH SRW UHPLWH PRGLILF UL DQDWR R L H F D L O X K R O R J L F O H S ] R W U P K Q H S YDULDELODFvQDWHLPSH PRGLILF UL VXQW PDL ELQH FXC QLYHO PHGXODU HVWH IRDUWH SUREDELO FD HOH V nociceptiv, atât la QLYHO SHULIHULF FkW æL FHQWUDO SkQ O 3UHYDOHQ D GXUHULL QHXURSDWLFH vQ3% Din] D DFXW EROQDYL GDUXRJFRPSRQDORW WQHGHWLILFDW FODQEFD postoperatorie. (Hayes, 1997). 'DF vQ PDMRULWDWDH FD]XULORU GH SRDWH IL LGHWLILFDW R FRPSRQHQW QHXURSDW VWUXFWXULORU QHUYRDVH SHULFH R D E H H O C X G I S U R D F FDUDFWHU QHXURSDW SRW V DSDU SRVWRSHUDWRU LQFL]LD FKLUXUJLFD O DæD FXP VH vQWkPSO GH SL

Ca **factori de risc** pentru cronicizarea durerii postoperatorii sunt: durere postoperatorie, sindrom dureros cronic preexistent sau

XWLQ]DUH FURQLF GH RSLRLGH LQWHUYHQ LL FKLUXUJLFDQ UHSHWDWH VDX YXOQHUDELOLWDWH SVLFKRRPSRULWDP D Q V L H O M X W R H W L G H LQWHUYHQ-OF KLILU R H G L L F D R O H F X P D U I L L Q W H U Y H Q L L structuri nervoase, leziuni postiradiere FKLPLRWHUDSLH QHXURWR[LF

Riscul este apreciat ca superior pentru femeile (ex posttoracotomie sau colecistectomie), iar YkUVWD WkQ U æL LQGH[ SRQGHUO FUVFXW SHQV PDVWHFWRPLH (LVHQDFK 3DLQ DSUHFLD] F (aspect semnalat la cca 17% din pacienti) FLHQWH FUVæWH GH FFD RULU VSW PKQL FFD IDSW FDUH VH DVRFLD] FX R W 11.2%).

**Durerea cronică după chirurgie mamară** D IRVW GHVFULV LQL LD oncologic GDU XOWHULRU D IRVW VHPQDQDW æ în SRVWS patru studii derulate între 1986- SHVWH GLQ IHPHL UDSRUWH LQWHUYHQ LH DFX]HOH GXUHUR D E V C H I R G A Q W G L A D I mamare sau peretelui toracic (LQFLGHQ HV-WLPDWGXGHUHFQGH WLS IDQWRP · VDX GXUHUL vQ E (1D-51%) (Maeprae, 1999) FROWUROD



















