

LAPAROSKOPİK SÜTÜR TEKNİKLERİ

Prof.Dr. Cem Atabekođlu
A.Ü.T.F. Kadın Hastalıkları ve Doğum AD.



- İy cerrahı nasıl kestığı ile deđil, nasıl str kullandığı ile tanımlarım.



Johan Mikulicz- Radecki

1850-1905

AMAÇ

- ❖ Hemostaz
- ❖ Dokuların yaklaştırılması



ENDOSKOPIK SÜTÜR TEKNİKLERİ

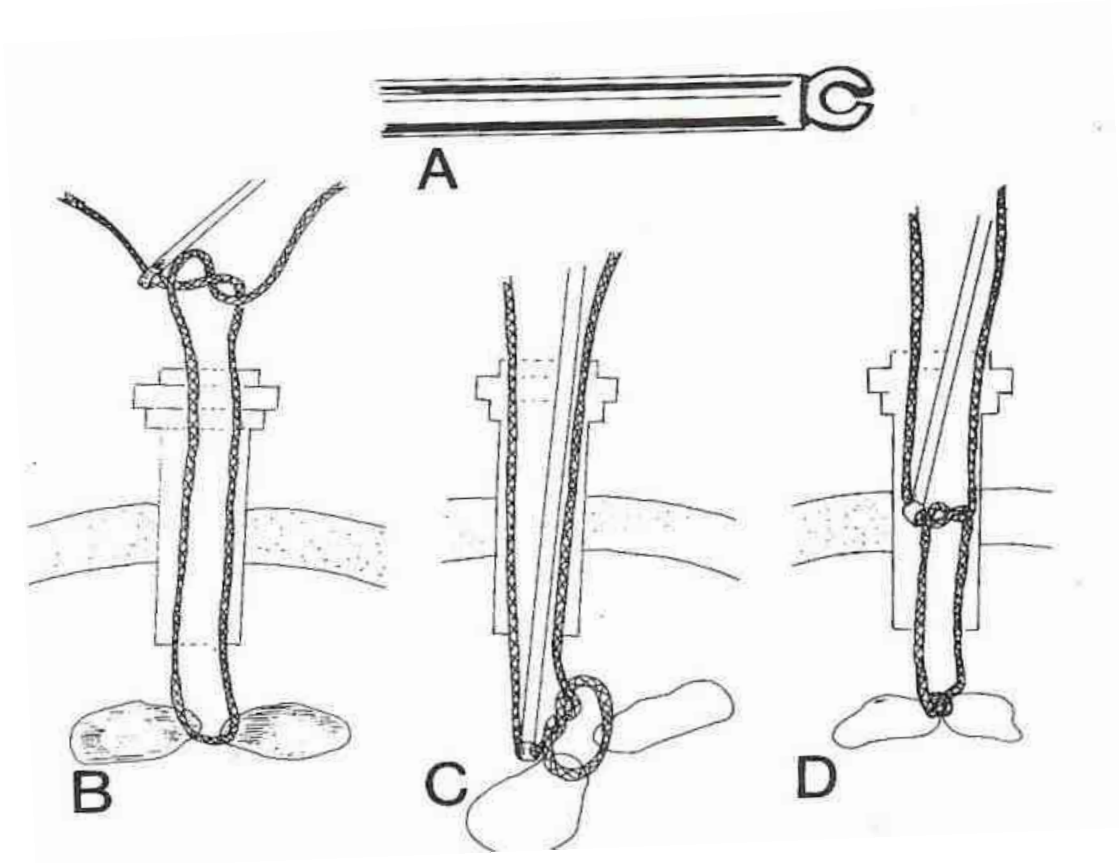
❖ Ekstrakorporal

- Özel düğüm
- Önceden hazırlanmış

❖ İntrakorporal

EKSTRAKORPORAL SÜTÜR

Sütür uzunluđu ~ 90-100 cm



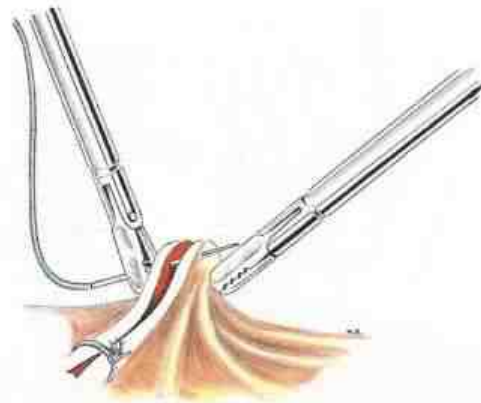
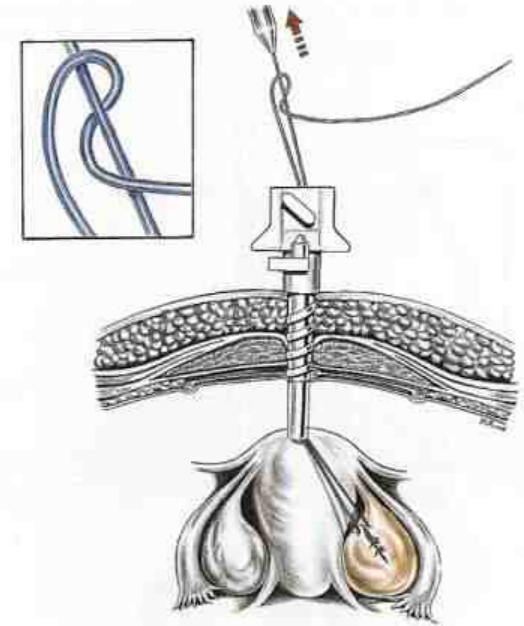
EKSTRAKORPORAL SÜTÜR

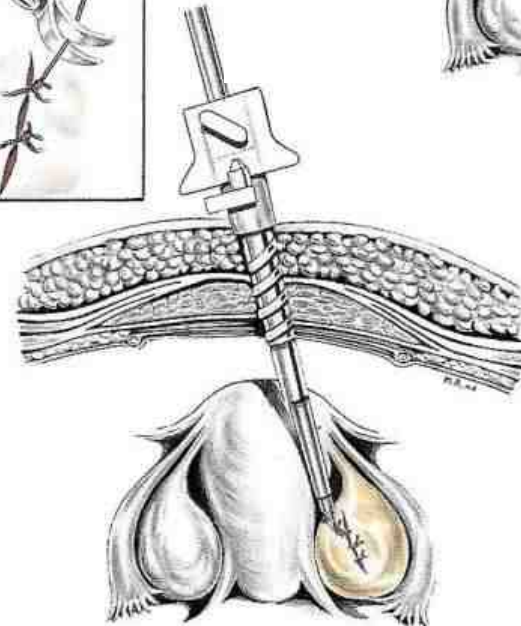
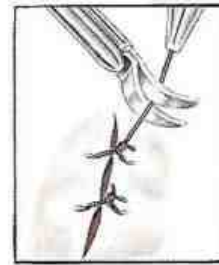
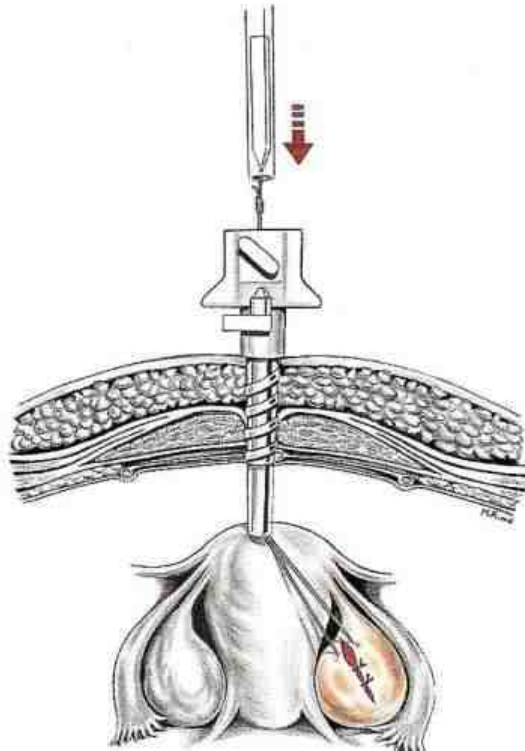
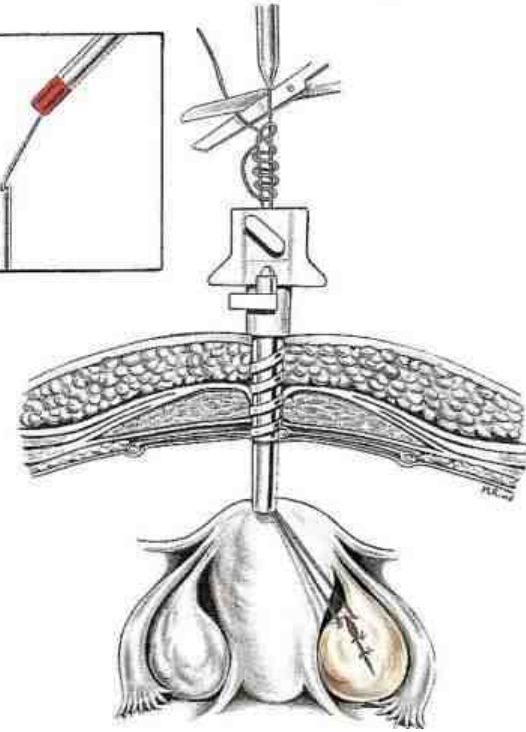
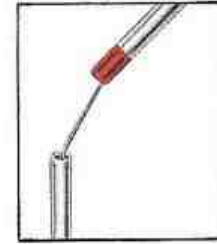
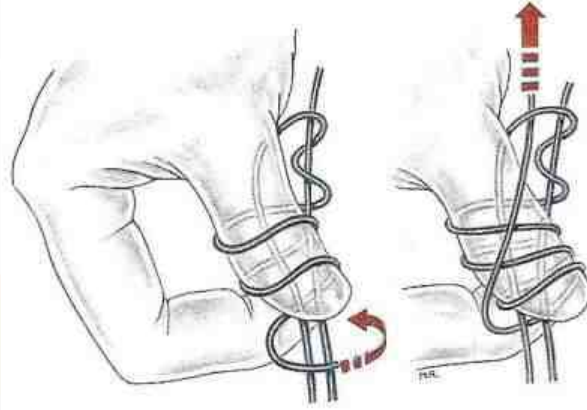
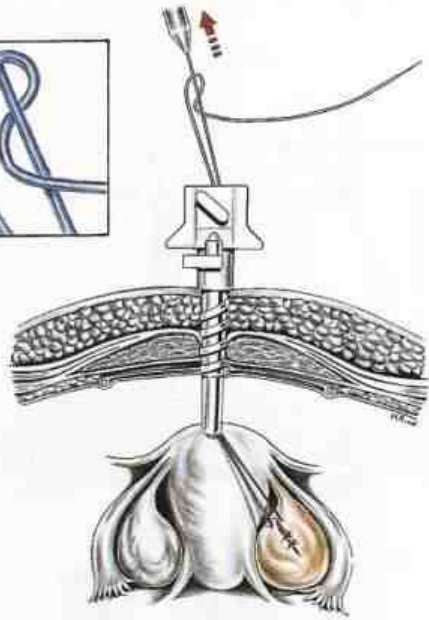
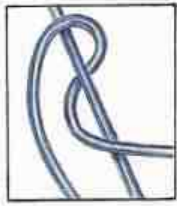


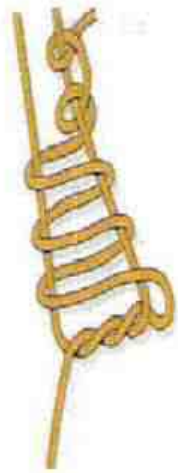
Sütür İtici



EKSTRAKORPORAL SÜTÜR







Meltzer



Tayside knot



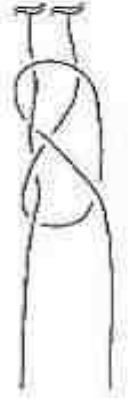
A

Duncan Loop



B

Nicky's Knot



C

Tennessee Slider



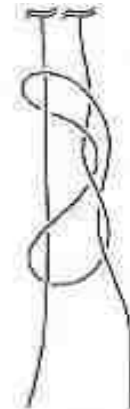
D

Roeder Knot



E

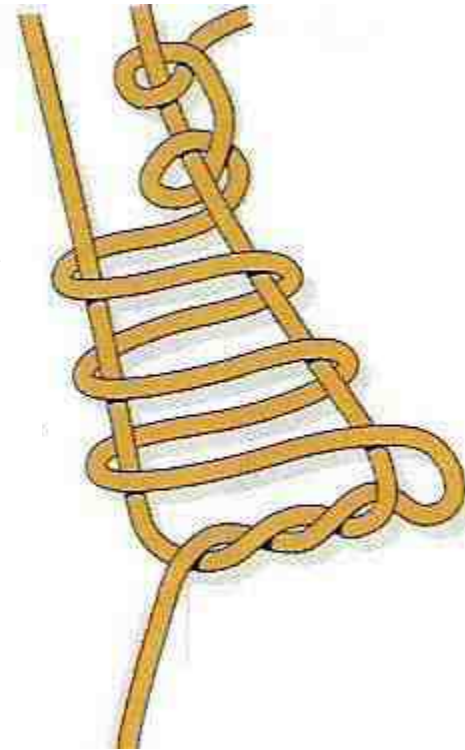
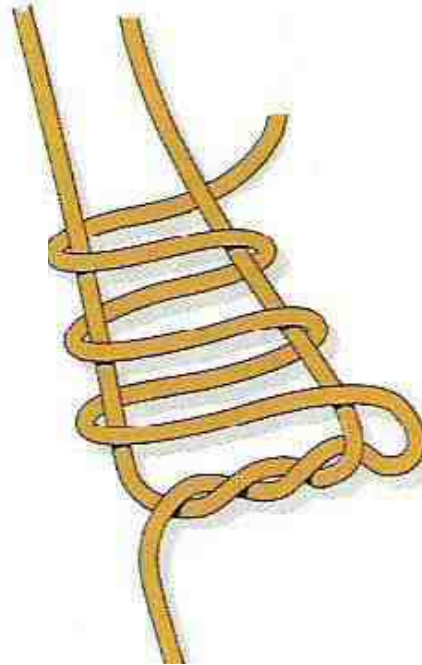
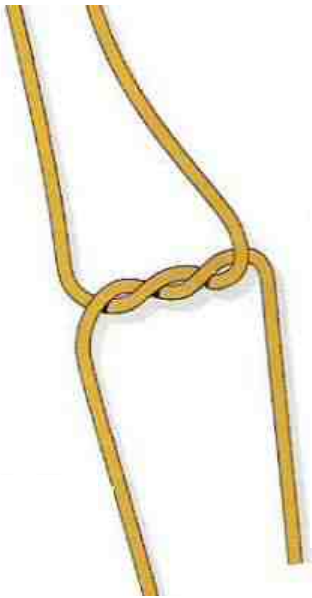
SMC Knot



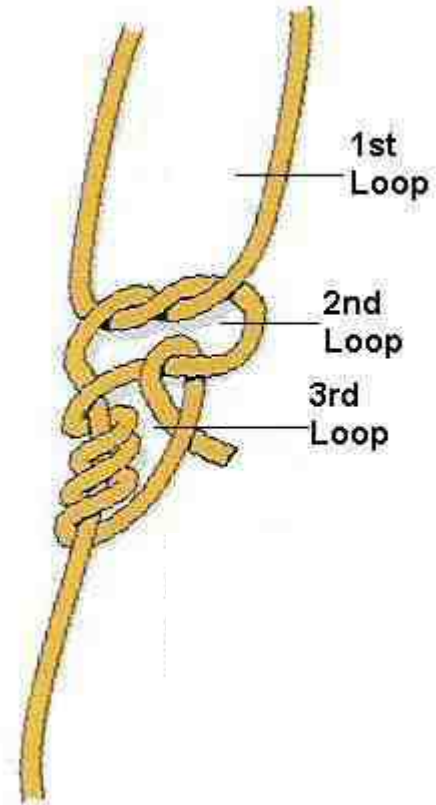
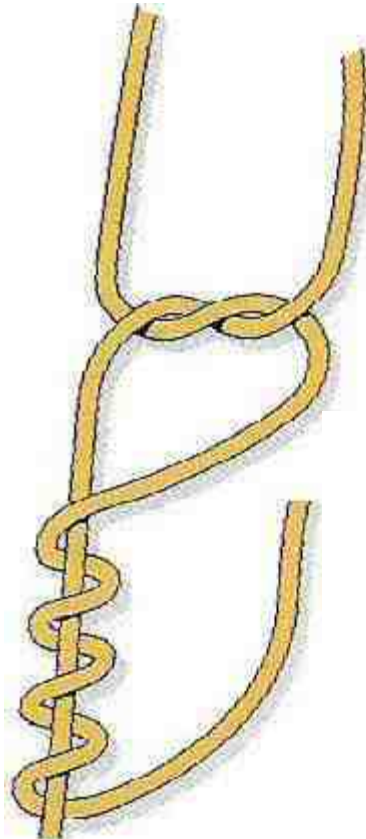
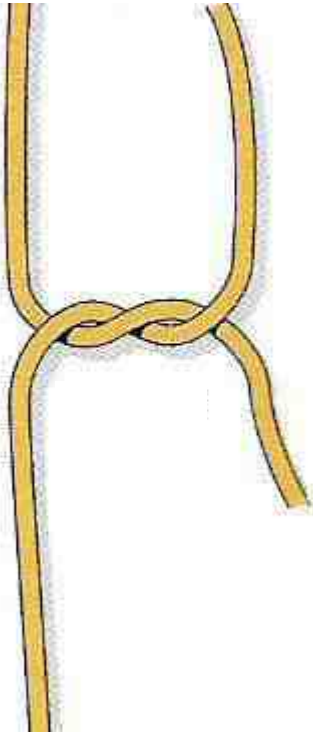
F

Weston Knot

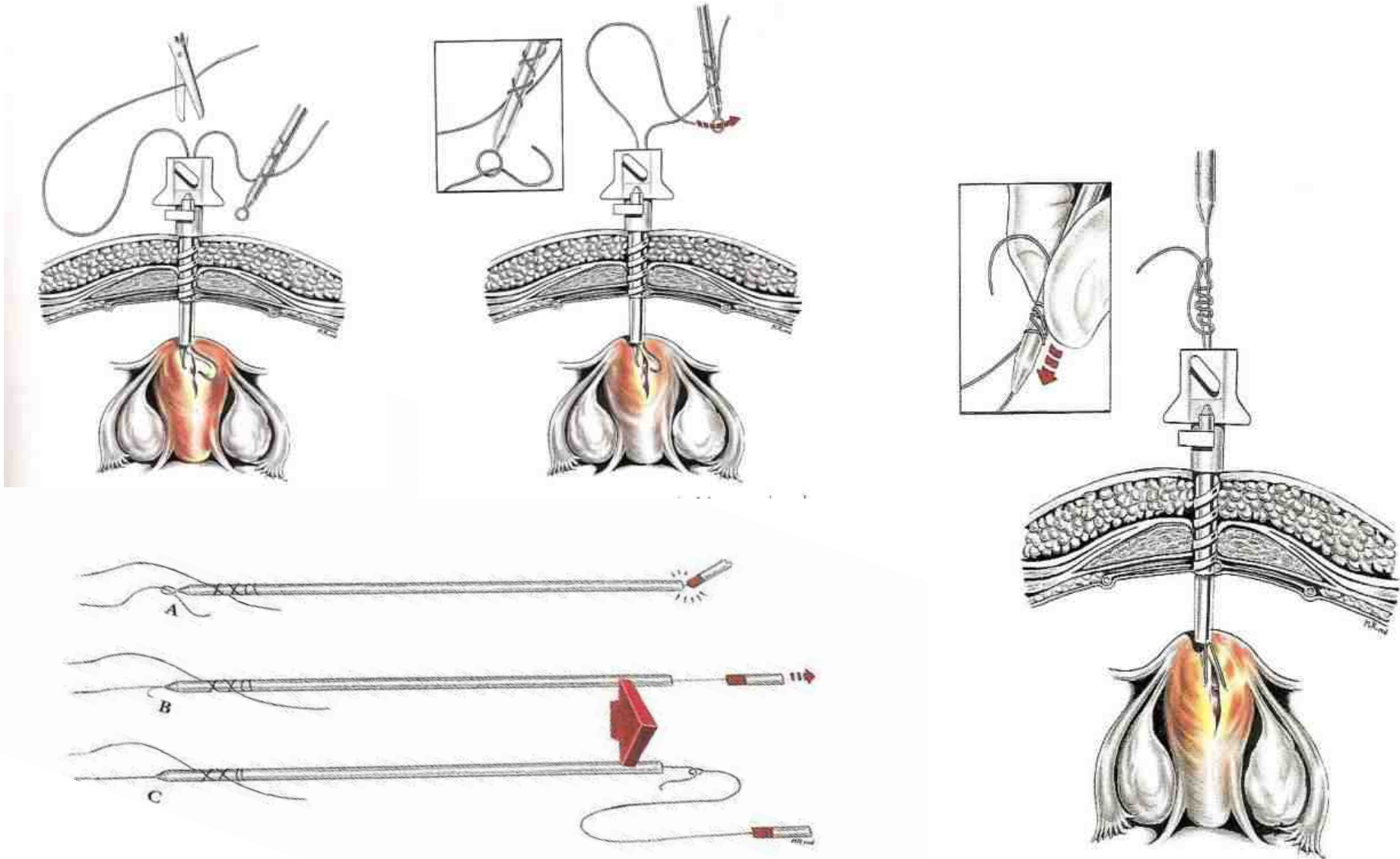
The Meltzer Düğüm



The Tayside Düğüm

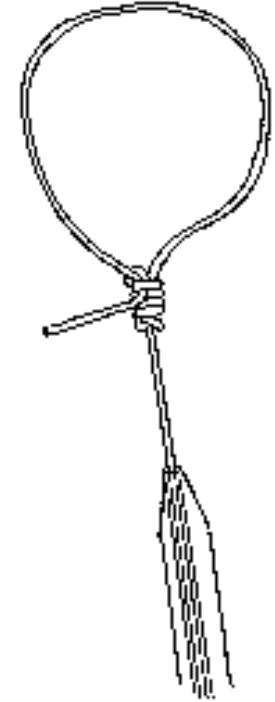


Önceden Hazırlanmış Kayan Sütürler

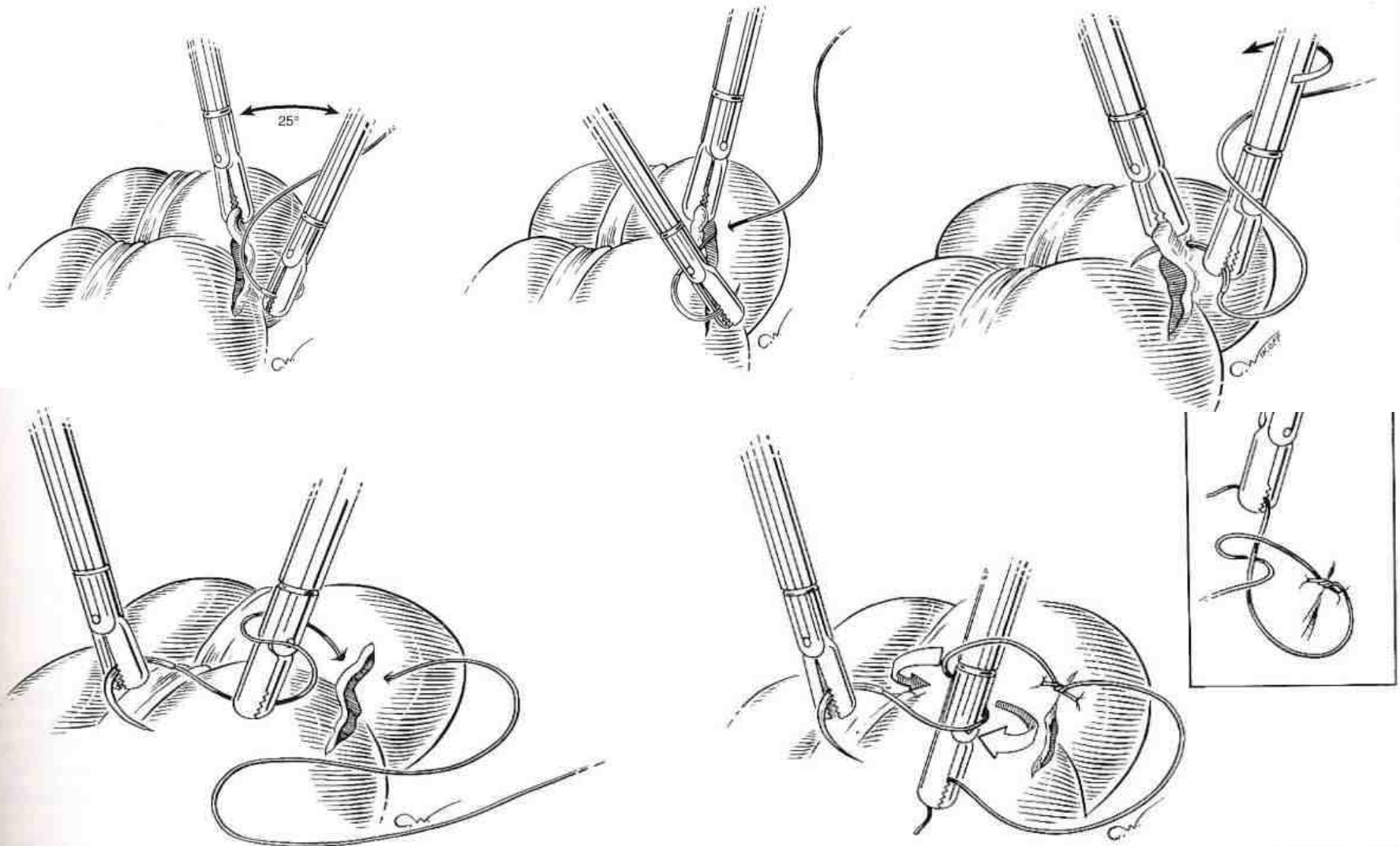


LOOP İPLE SÜTÜR

- ❖ Serbest pediküller için uygundur
 - Ooferektomi
 - Apendektomi
- ❖ Aplikörün içine yerleşmiş kayan bir düğümdür

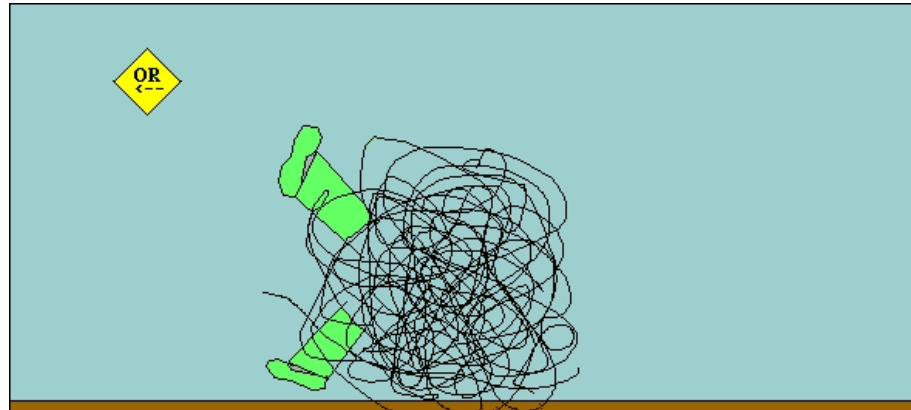
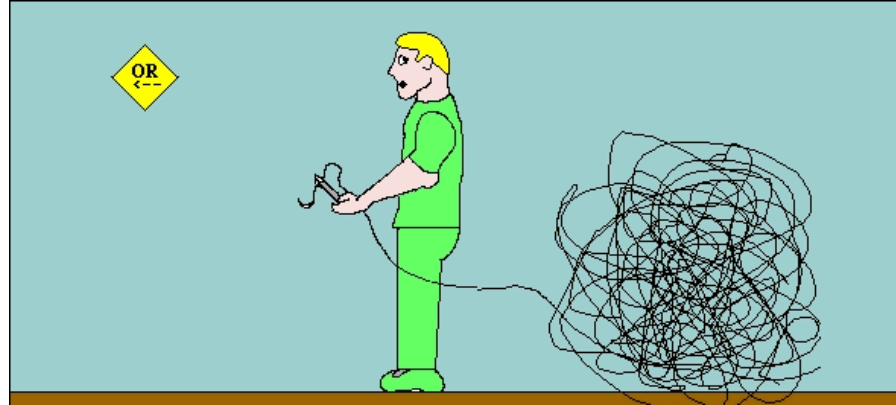


İNTRAKORPORAL SÜTÜR



İNTRAKORPORAL SÜTÜR

Sütür uzunluğu 13 cm.



İNTRAKORPORAL SÜTÜR

kritik basamaklar

- ❖ İğnenin yerleştirilmesi
- ❖ İğnenin tutulması
- ❖ Doku penetrasyonu
- ❖ Düğüm atılması

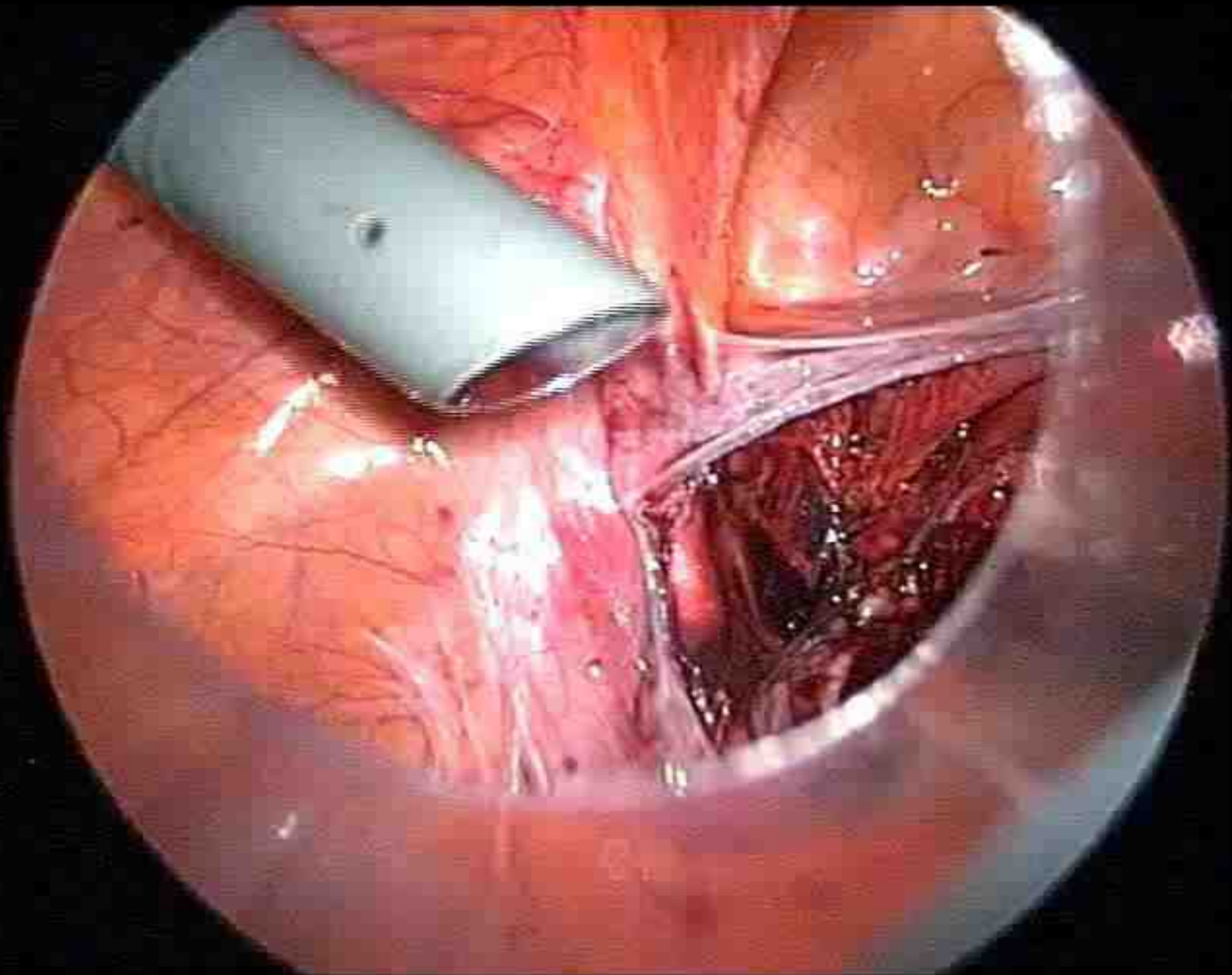
İğnenin Yerleştirilmesi

- ❖ Dominant olmayan elle iğnenin yerleştirilmesi
- ❖ Tutma noktasından sütün manüple edilmesi
- ❖ İğnenin yerleştirilmesinde 10 mm trokar kullanılması
- ❖ İğnenin abdomene yerleştirilirken pozisyonu abdomende doğru oryantasyonu sağlayacak şekilde olmalı.
- ❖ Sütün kullanım öncesi ıslatılması

İğnenin Yerleştirilmesi

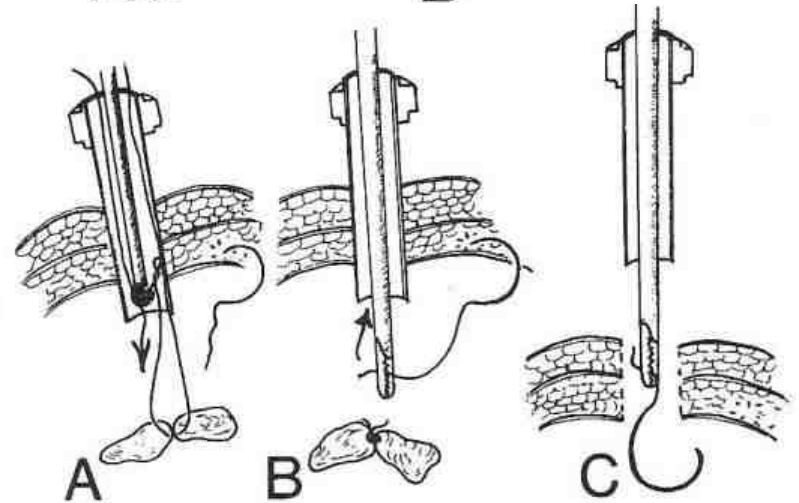
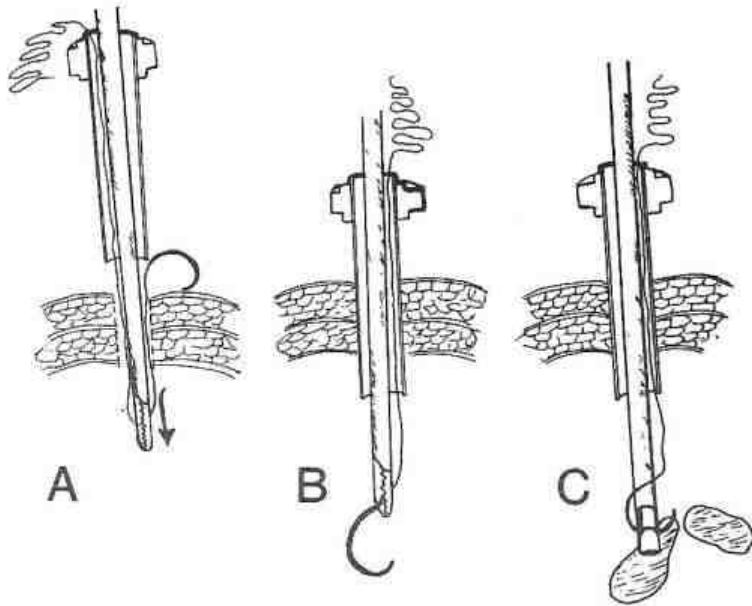
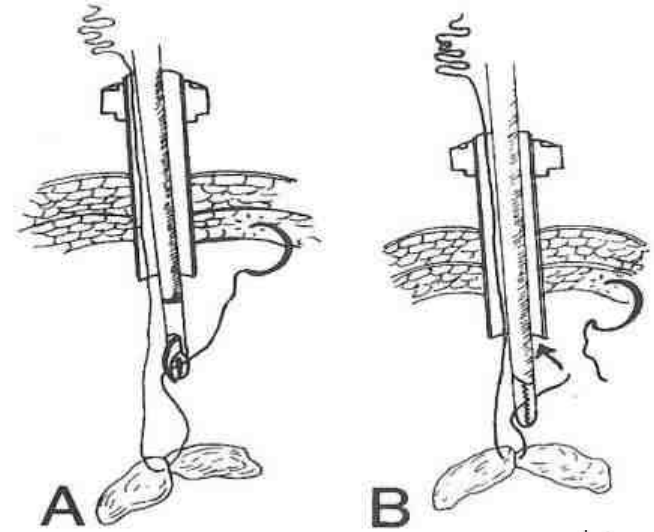
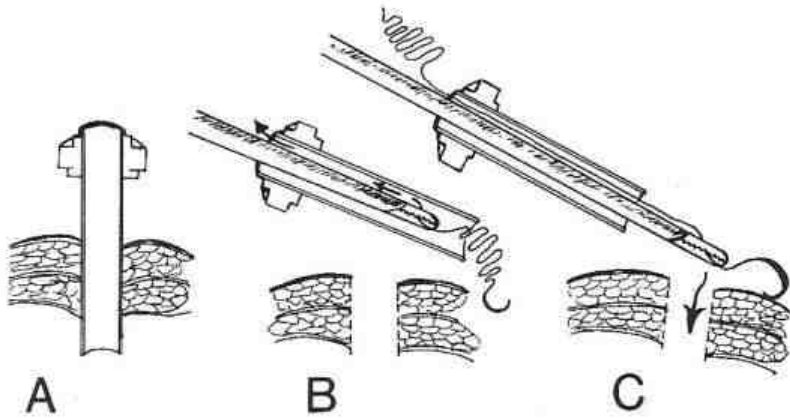








İğnenin Yerleştirilmesi

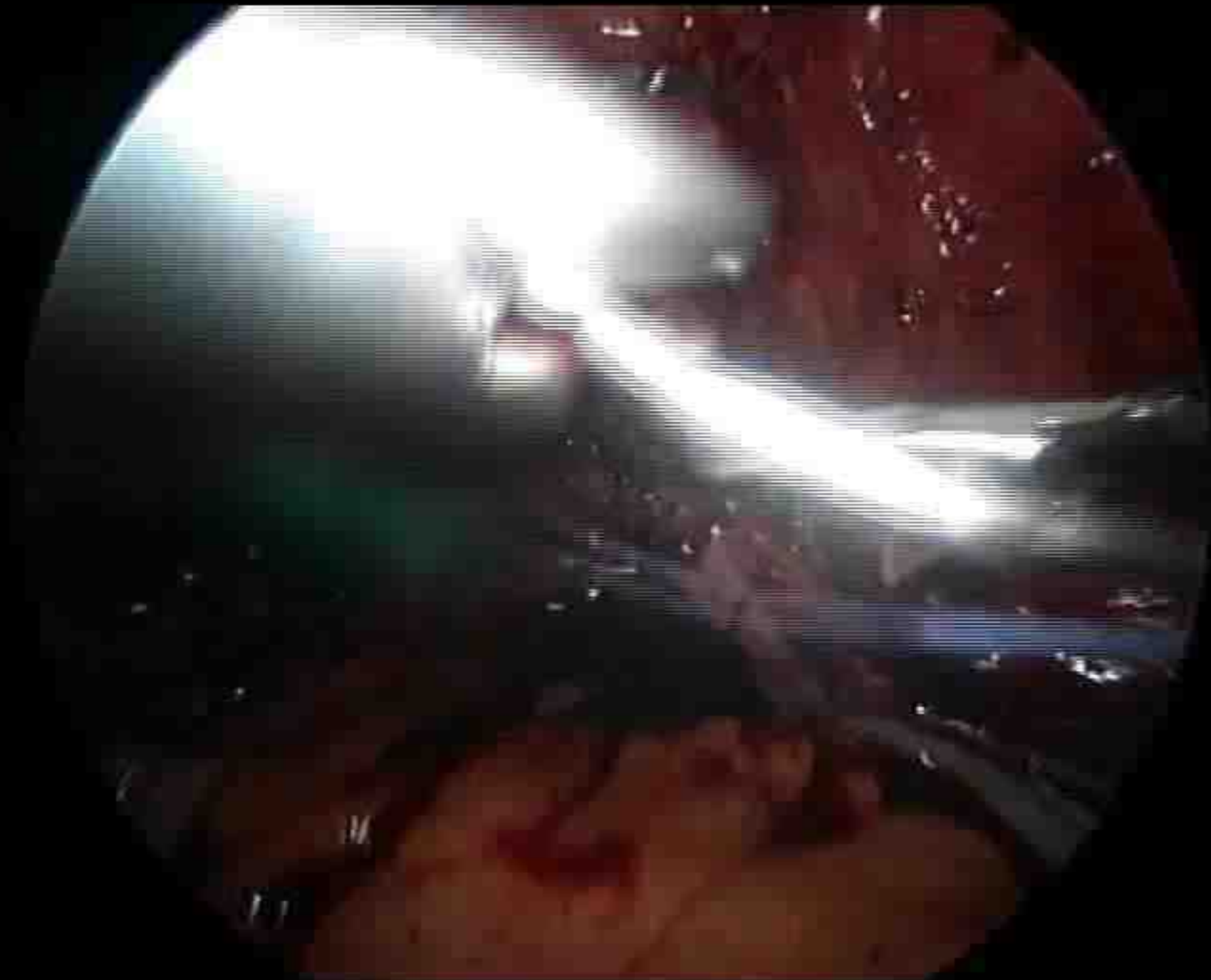


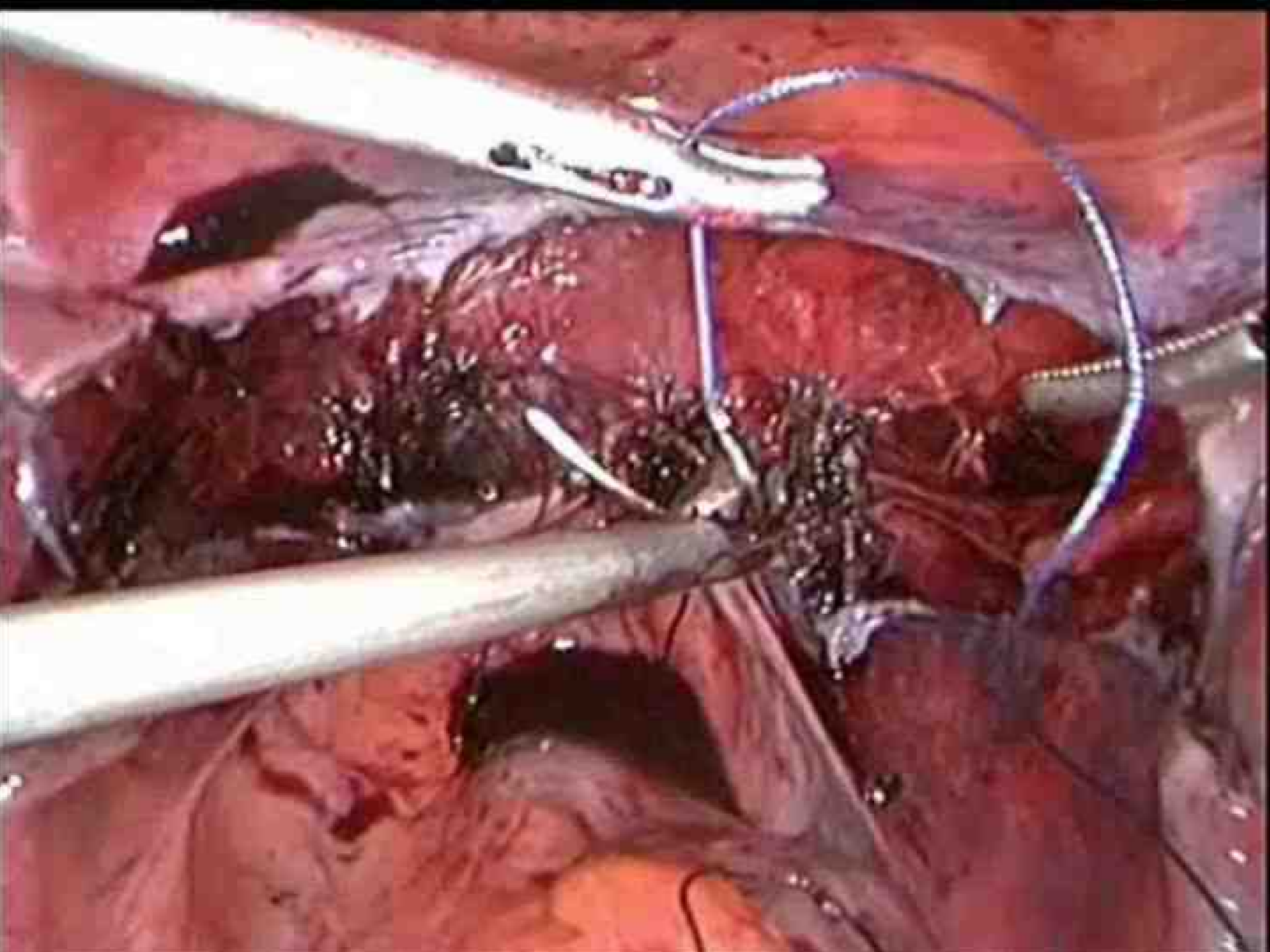


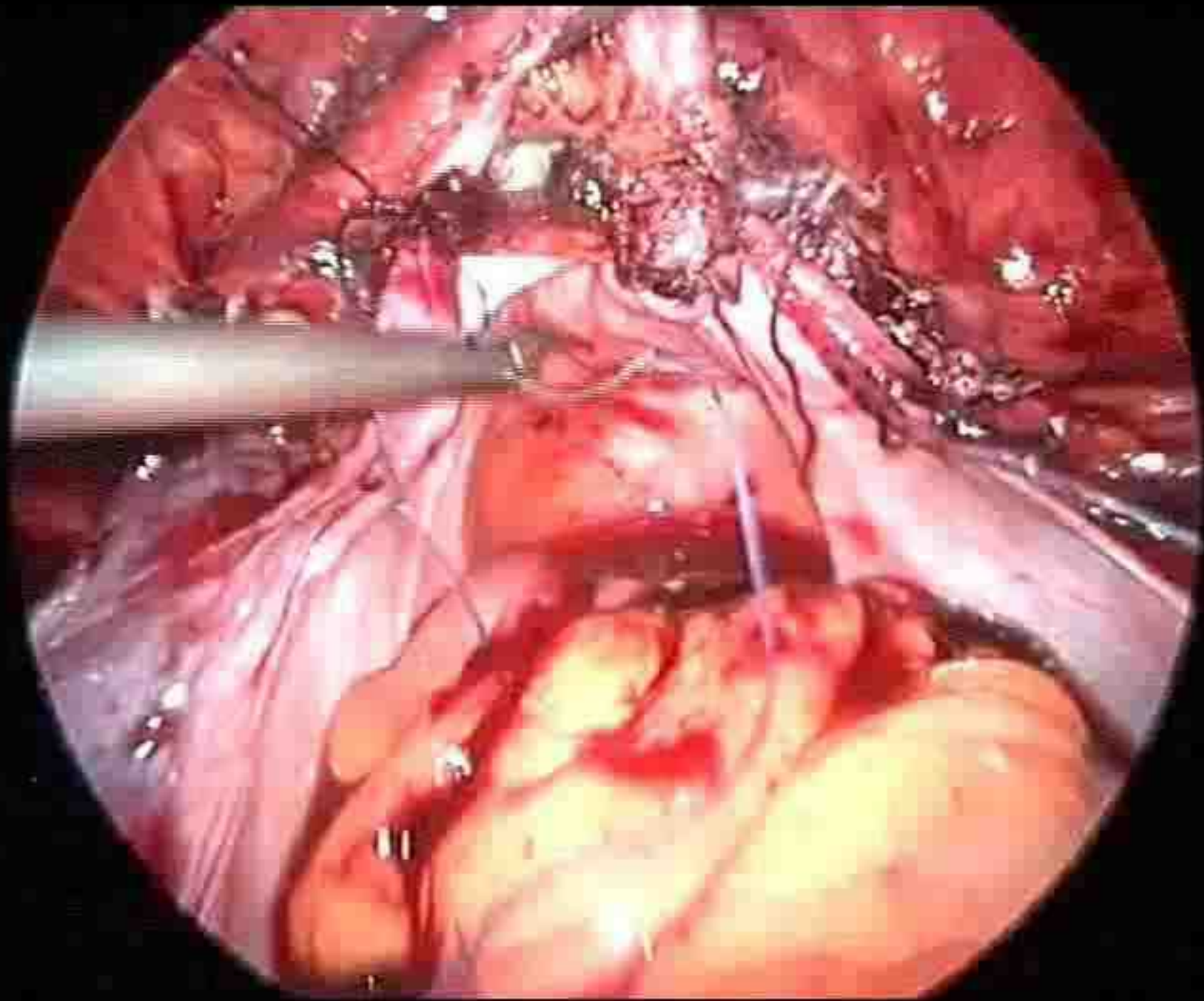
İğnenin Kavranmasında Kritik Basamaklar.

- ❖ Dominant elle iğne 1/3 arka noktadan tutulmalı
- ❖ İğnenin oryantasyonu sütür atıcı ile 90 derece veya daha fazla olmalı
- ❖ İğne sütür atıcının ucu ile kavranmalı

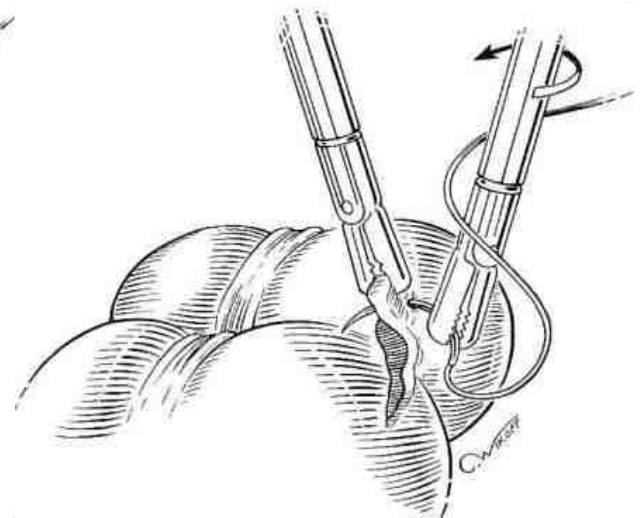
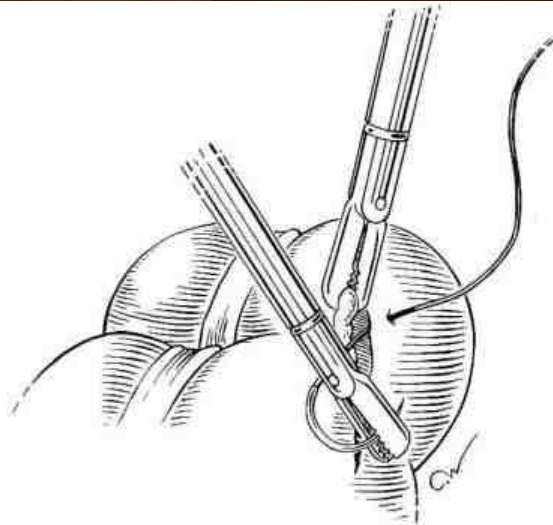
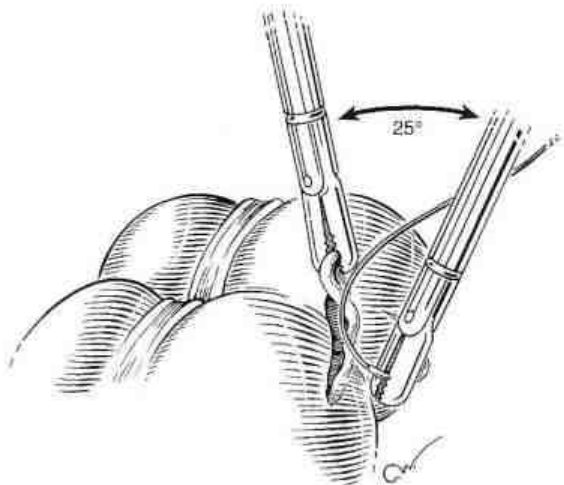
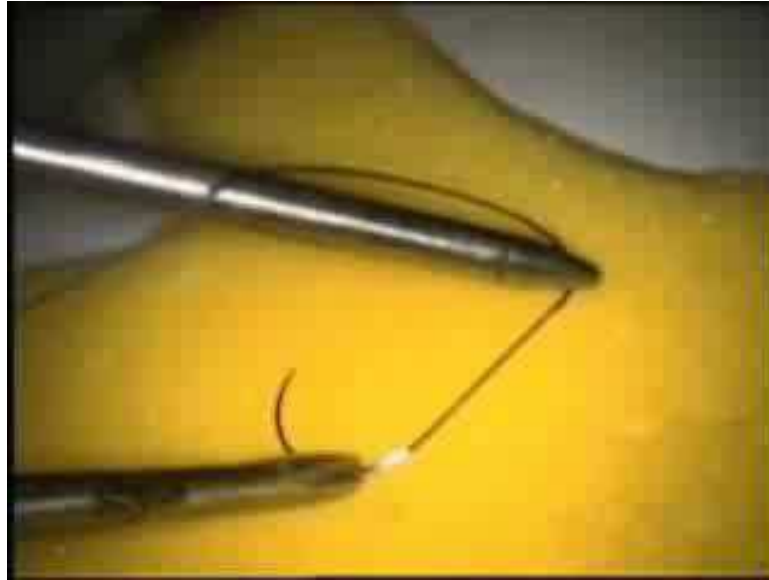






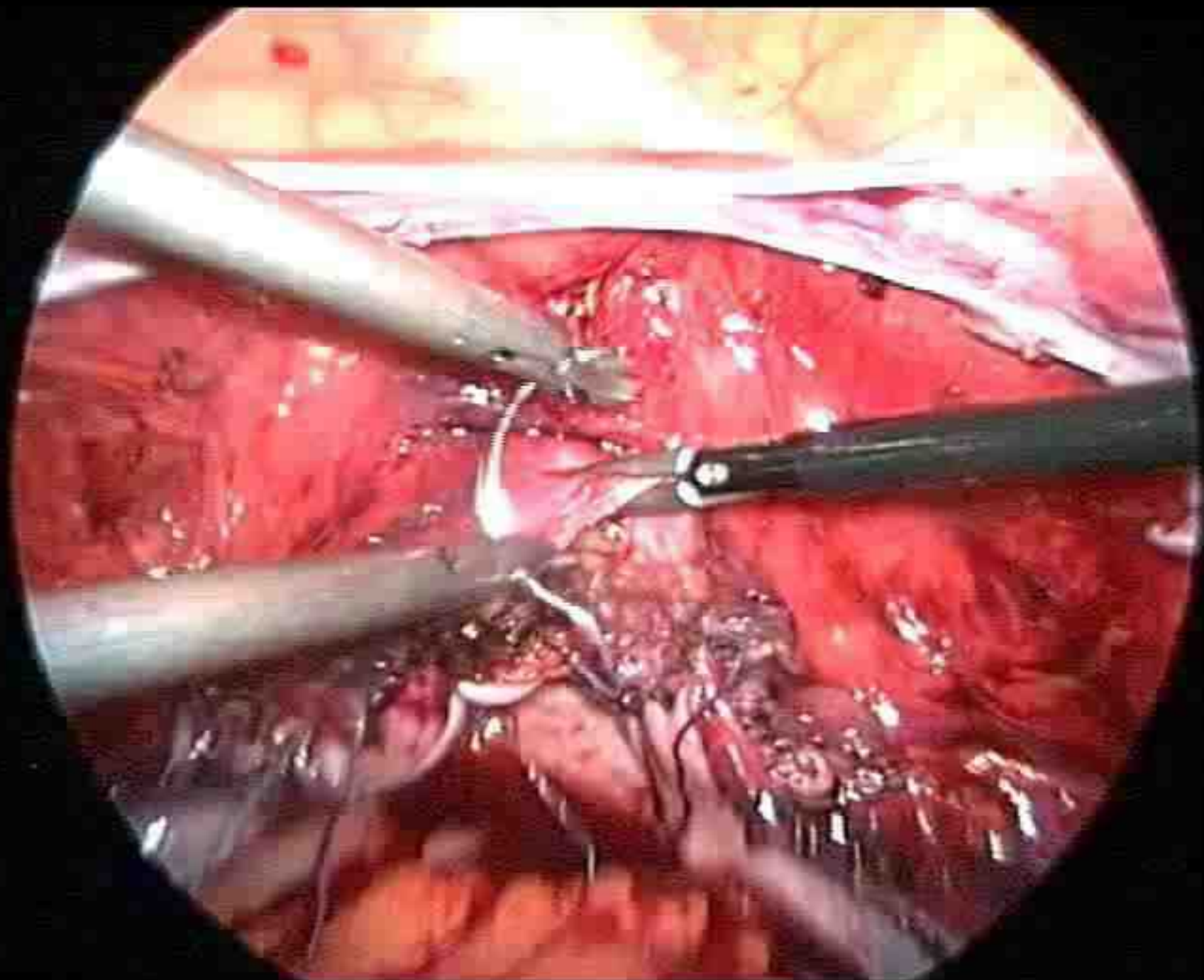


PENETRASYON

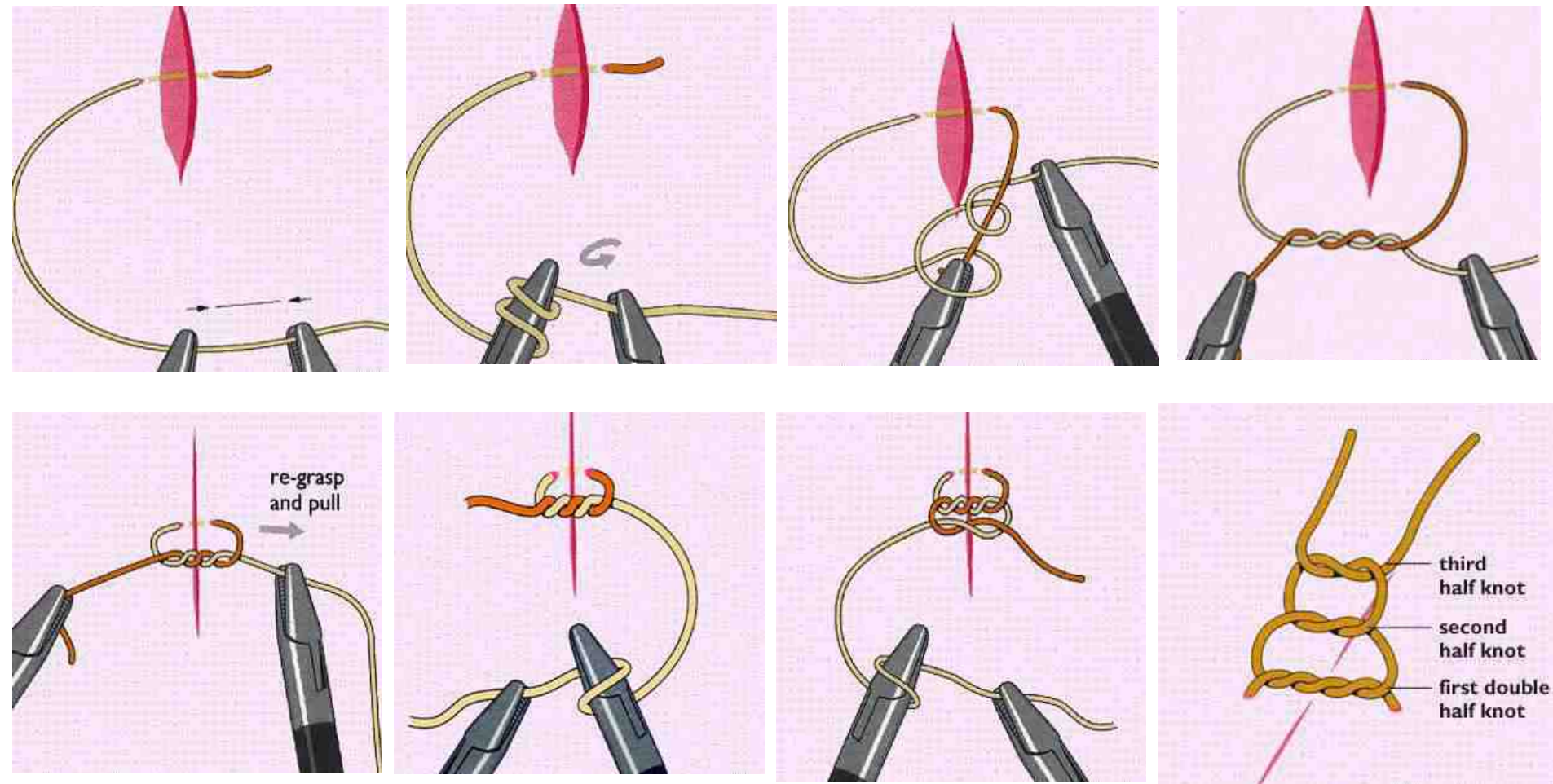


PENETRASYON

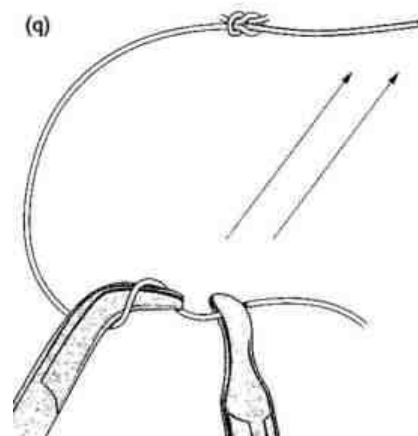
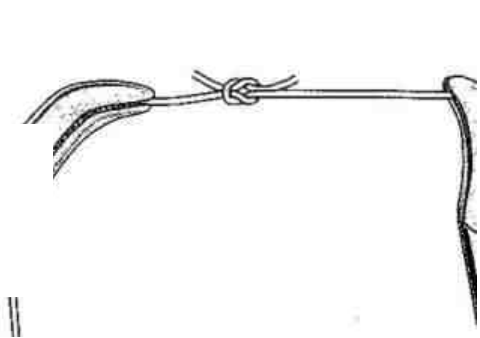
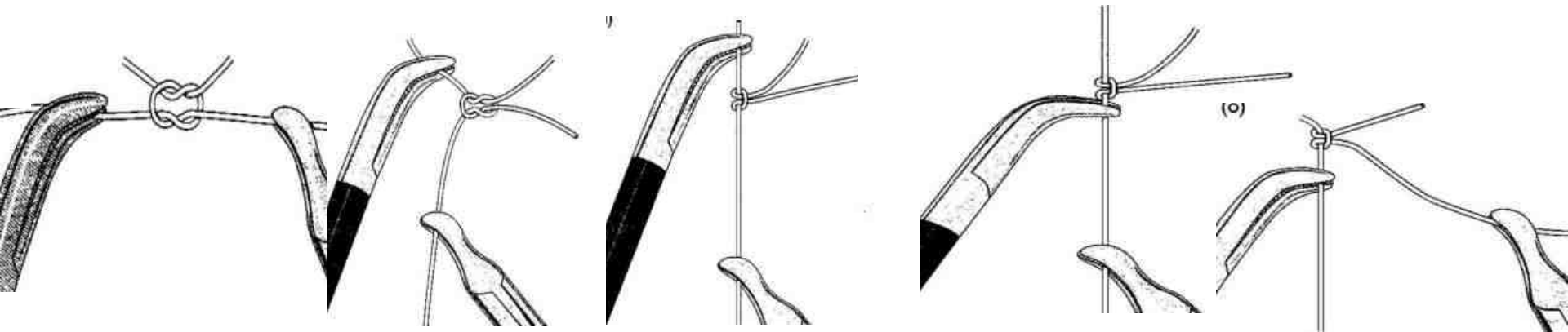
- ❖ İğne tutucu suture edilecek defektin uzun aksına paralel tutulmalıdır.
- ❖ İğne iğne tutucunun uzun aksına dik açı ile tutulmalıdır.
- ❖ İğne insizyonun kenarına dik açı ile sokulmalı ve insizyonun diğer kenarına elin pronasyon hareketi ile geçirilmelidir.



Cerrahi Düğüm



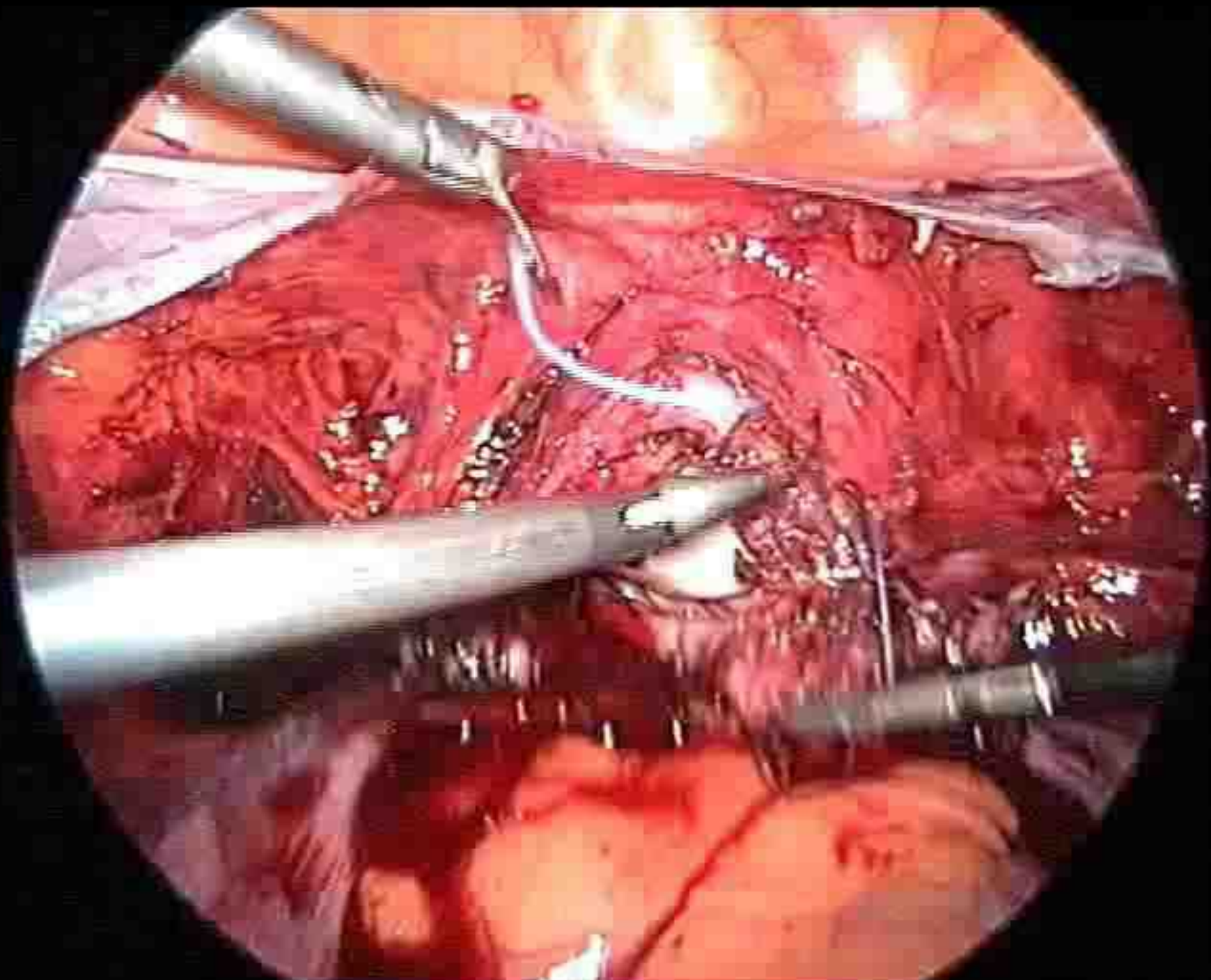
Tumble Square Düğüm



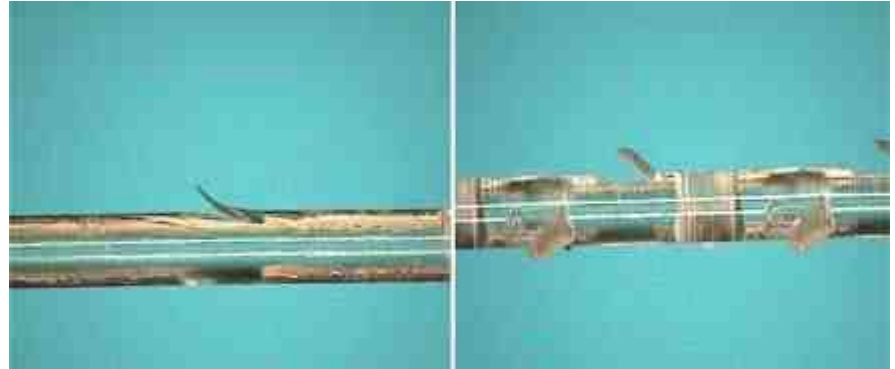


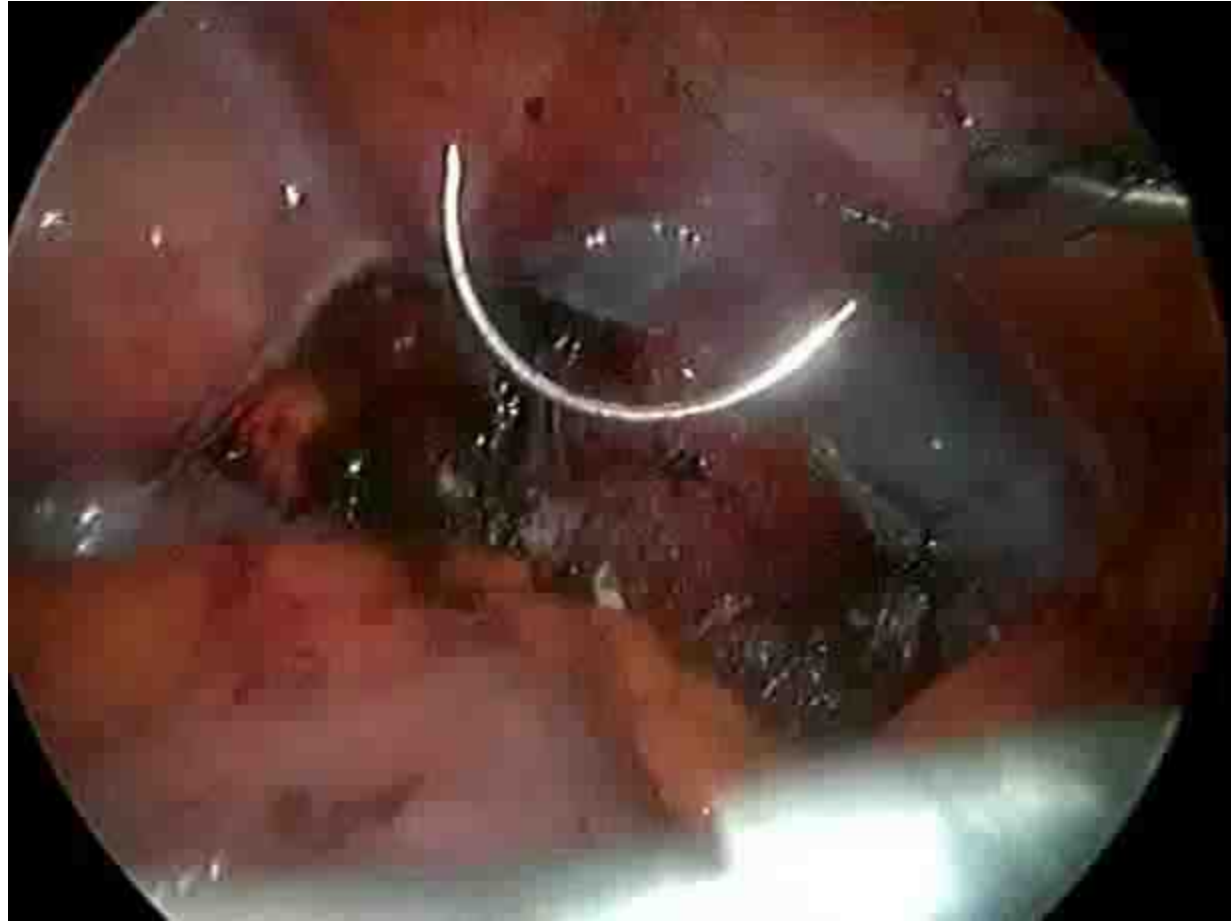






Barbed sutürler

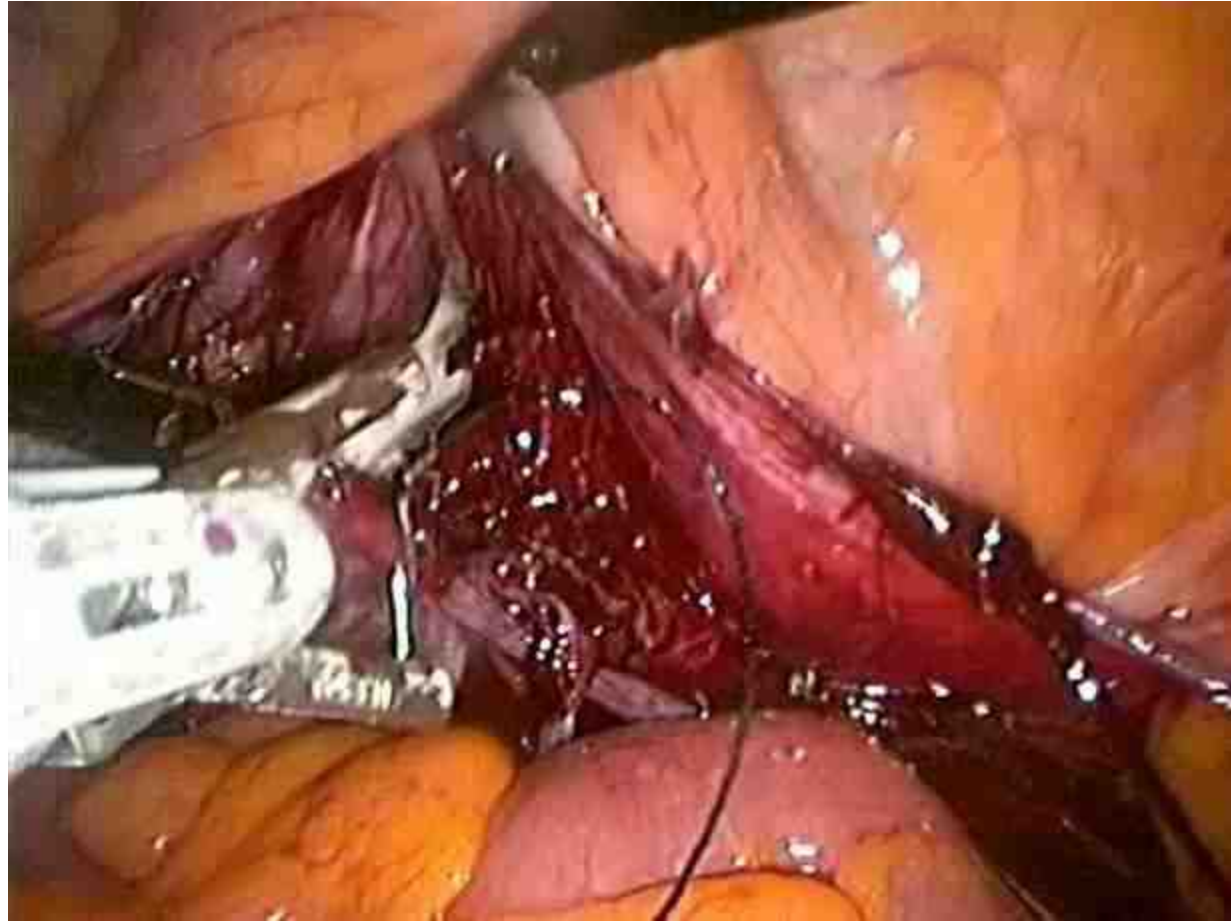


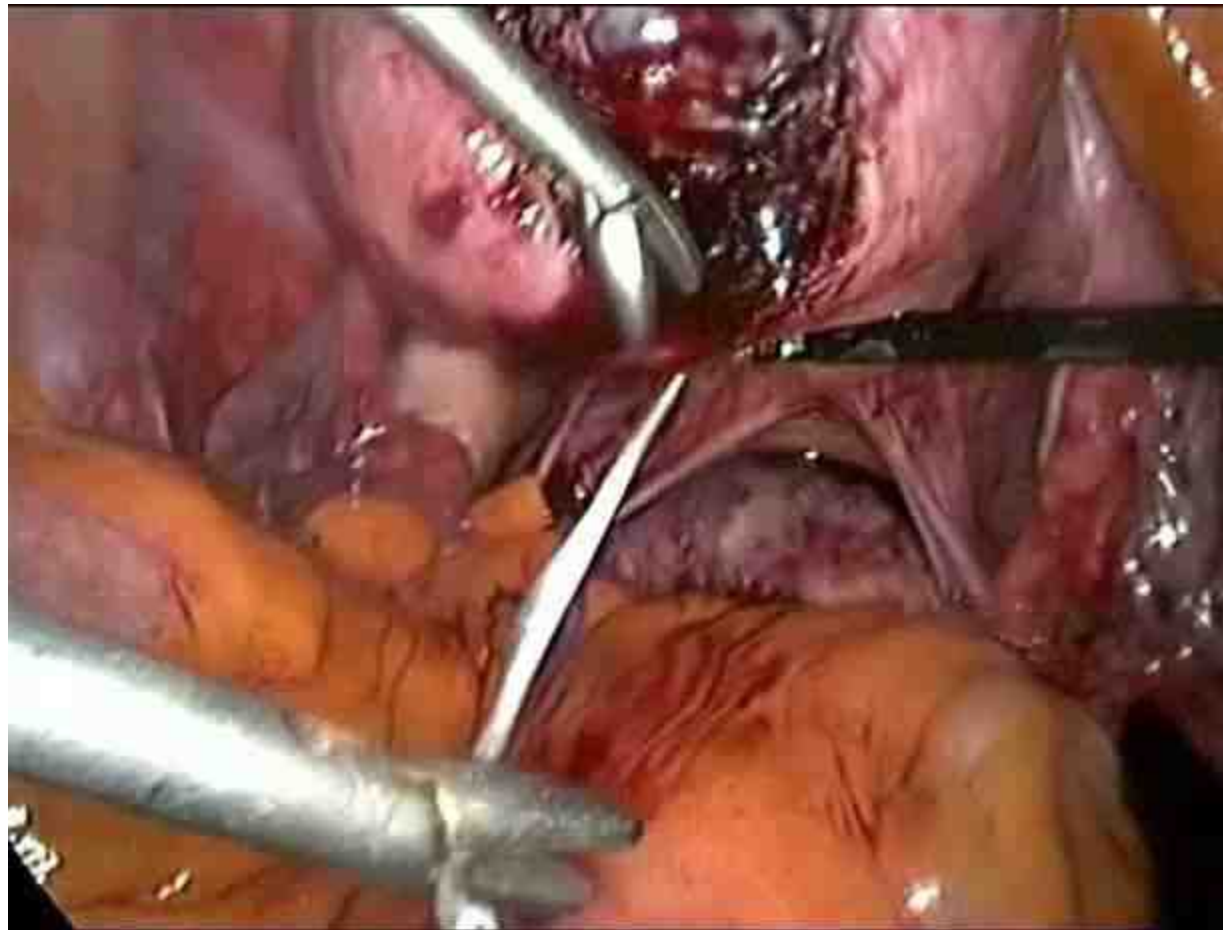


Neredeyse doğru atılmış düğüm yoktur. Düğüm ya kesinlikle doğru atılmıştır yada tamamen yanlıştır.

Mükemmel bir düğüm için tüm basamaklar doğru uygulanmalıdır.







Mükemmel olmayı sağlayan
pratik yapmak değil, mükemmel
(kusursuz) pratik yapmaktır !!!!



TEŞEKKÜRLER