



Značaj uloge medicinske sestre/tehničara kod laringektomisanih pacijenata

Role and significance of nurses and technicians for laryngectomized patients

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Apstrakt

Uvod: U vertikalnoj osovini larinks se može podeliti na tri sprata i to supraglotis, glotis i subglotis, pri čemu svaki od ovih spratova ima svoje subregione, a u horizontalnoj ravni larinks se deli na levi i desni hemilarinks. Subregioni larinksa su larinksna površina epiglotisa, ariepiglotisni nabori, aritenoidni nabori, ventrikularni nabori, Morganijevi recesusi, glasnice sa prednjom i zadnjom komisurom i subglotisni subregion. Osnovne funkcije ovog organa su respiracijska, zaštitna, degluticijska i fonatorna. Prema obimu resekcije hirurgija larinksnih malignoma se može podeliti na konzervacijske, parcijalne i totalne laringektomije, kao i na palijativnu hirurgiju larinksa. Vrlo često laringektomiji prethodi hirurška traheotomija zbog uspostavljanja suficijentne disajne funkcije, koja može biti hitna i elektivna. Komplikacije nakon laringektomija mogu biti rane: krvarenje, infekcija, aspiracijska bronhopneumonija i kasne: hipofarinksne i larinksne stenoze, faringokutana fistula, rest-recidiva malignoma.

Cilj: Upoznavanje sa anatomijom, fiziologijom, patologijom i hirurgijom larinksa je najvažniji preduslov za kvalitetno sprovođenje specijalne nege laringektomisanih pacijenata.

Metod: retrospektivna studija, u periodu od 2000-2019, obuhvaćeni pacijenti operisani na Klinici za ORL KC „Kragujevac”.

Rezultati: Na osnovu dvodecenijskog iskustva izneseni su osnovni principi preoperativne i postoperativne nege laringektomisanih pacijenta, kao i principi nege kod nastalih komplikacija.

Zaključak: Dobrom edukacijom i solidnom praksom mogu se postići najviši sandarda u domenu preoperativne i postoperativne nege pacijenata sa malignomom larinksa. Neophodna su i znanja iz opšte nege bolesnika, kao i izvestan stepen posvećenosti ovom zanimanju. Timski rad medicinske sestre/tehničara sa laringealnim hirurgom, psihologom i fonijatrom predstavlja zlatni standard u tretmanu ovih pacijenata.

Abstract

Introduction: In the vertical axis, the larynx can be divided into three floors, namely the supraglottis, glottis, and subglottis, each of which has its own subregions. In the horizontal plane, the larynx is divided into left and right hemilarynx. The laryngeal subregions are the laryngeal surface of the epiglottis, the aryepiglottic folds, the arytenoid folds, the ventricular folds, the Morgan recesses, the vocal cords with the anterior and posterior commissures, and the subglottic subregion. The basic functions of this organ are respiratory, protective, deglutational, and phonatory. According to the scope of resection, laryngeal malignancy surgery can be divided into conservation, partial and total laryngectomies, as well as palliative laryngeal surgery. Very often laryngectomy is preceded by a surgical tracheotomy due to the establishment of a sufficient respiratory function, which can be urgent and elective. Complications after laryngectomy can be early: bleeding, infection, aspiration bronchopneumonia, and late: hypopharyngeal and laryngeal stenosis, pharyngocutaneous fistula, rest-recurrence of malignancy.

Aims: Introduction to the anatomy, physiology, pathology, and surgery of the larynx is the most important prerequisite for the quality of special care of laryngectomized patients.

Methods: retrospective study, in the period from 2000-2019, included patients operated on at the Clinic for ENT KC “Kragujevac”

Results: Based on two decades of experience, the basic principles of preoperative and postoperative care of laryngectomized patients are presented, as well as the principles of care for complications.

Conclusion: With good education and solid practice, the highest standards in the field of preoperative and postoperative care of patients with laryngeal malignancy can be achieved. Knowledge of general patient care is also necessary, as well as a certain degree of commitment to this profession. The teamwork of a nurse / technician with a laryngeal surgeon, psychologist and phoniatrician is the gold standard in the treatment of these patients.