

CONCLUSIONS

Summarizing the 25-years experience, we can conclude that kidney transplantation program is not going well as complication rate was relatively higher than other transplantation centers. Urologic complications were the most frequent complications after kidney transplantation. In the late period, we observed an increase in the rate of transplantation which was reflected on the patients and graft outcomes. Our report prompts us to continue the optimizing of the management of kidney transplants.

A successful and complication-free transplantation depends on meticulous care in selection of the recipient and donor, a thorough pretransplant workup of both recipient and donor, highly skilled surgical procedures and a meticulous post-transplant care and management. To achieve this goal a team-work between urologist, nephrologist, pathologist, radiologist and specialist in nuclear medicine is a prerequisite. The need for precise diagnosis of post-transplant complication and its careful management can not be over emphasized.

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المخلص

إن المرضى الذين تُزرع لهم كلية يعيشون لفترة أطول من المرضى الذين يستمرُّون في غسل الكلى، وذلك لأنَّ غسل الكلى علاج قاسٍ على الجسم، ويمكن أن يسبِّب مشاكل طبيَّة أخرى. يقول الكثير من المرضى الذين يجرون عملية الزرع إنَّ العملية قد حسَّنت من نوعية حياتهم.

من المهم أن يتذكَّر المريضُ أنَّ زرع الكلية هو علاج وليس شفاء. وأنَّ عليه زيارة الطبيب بانتظام، وتناول الدواء لتجنُّب رفض الجسم للكلية المزروعة.

. عملية زرع الكلية هي عملية آمنة نسبياً. ومع ذلك، هناك مخاطر ومضاعفات محتملة مرتبطة بأيَّة عملية جراحية و يجب أن تُعرَف هذه المضاعفات قبل أن يقرَّر المريضُ الخضوع لعملية الزرع. سوف يقيِّم فريقُ الجراحة والتخدير مخاطر هذه العملية الجراحية، ويشرحونها للمريض.

نسبة المضاعفات الجراحية المصاحبة لزرع الكلية قليلة جداً ومن الممكن التحكم بها وعلاجها

إن تشخيص جلطات وضيق الشريان الكلوى وكذلك المضاعفات البولية بعد عملية الزرع يتضمن الاشعة التلفزيونية الملونة (الدوبلر) والاشعة المقطعية بالصبغة والرنين المغناطيسى. إن التشخيص الدقيق لهذه المضاعفات ضروري لتحديد طريقة العلاج المثلى.

علاج المضاعفات الجراحية يتضمن العلاج التحفظى والعلاج بالاشعة التداخلية وكذلك العلاج الجراحى. العلاج التحفظى يتضمن المتابعة الدورية بالاشعة التلفزيونية والمسح الذري إذا لزم الأمر. وعن طريق الأشعة التداخلية يمكن تركيب قسطرة كلية خارجية أو دعامة حالب داخلية أما العلاج الجراحى يتضمن إصلاح الضيق سواء عن طريق الفتح الجراحى وكذلك مناظير البطن الجراحية.

إن هذه الدراسة تهدف إلى دراسة تأثير المضاعفات الجراحية الناتجة عن زرع الكلية على المرضى وشملت الدراسة مائة وأربعة مريضاً وكذلك المتبرعين بقسم جراحة المسالك البولية، المستشفى الرئيسى الجامعى بالإسكندرية فى الفترة من يونيو ١٩٩٠ حتى ديسمبر ٢٠١٢. تم مراجعة الملفات الطبية للمرضى متى اتيح ذلك ومتابعتهم حتى يونيو ٢٠١٤.

تم تسجيل بيانات ما قبل العملية وتفاصيل التدخل الجراحى وكذلك فترة ما بعد العملية. وفقاً للنتائج، تبين أن نسبة حدوث المضاعفات الجراحية سواء البولية أو المتعلقة بالأوعية الدموية وصلت إلى ٣٥% .

قلة عدد المرضى فى الدراسة الحالية لم تسمح لنا بدراسة مستفيضة لتأثير المضاعفات الجراحية الناتجة عن زرع الكلية على نتائج المرضى.

أظهرت لنا الدراسة أهمية إنشاء عيادة دورية للمتبرعين ما بعد استئصال الكلية لمتابعة وظائف الكلى وقياس ضغط الدم .

ويستنتج مما سبق أهمية دور التسجيل الطبى في رفع كفاءة الخدمة الطبية . وأن هناك عدة عوامل تحدد بشكل كبير طريقة تشخيص وعلاج المضاعفات الجراحية. وفي النهاية أختتم حديثى بقوله تعالى " وَقُلْ اَعْمَلُوا فَسَيَرَى اللّٰهُ عَمَلَكُمْ وَرَسُولُهُ وَالْمُؤْمِنُونَ وَسَتُرَدُّونَ اِلَىٰ عَالَمِ الْغَيْبِ وَالشَّهَادَةِ فَيُنَبِّئُكُمْ بِمَا كُنْتُمْ تَعْمَلُونَ " صدق الله العظيم سورة التوبة الاية ١٠٥ .

تأثير المضاعفات الجراحية الناتجة عن زرع الكلى على النتائج: خبرة جامعة الإسكندرية

رسالة

مقدمة لكلية الطب - جامعة الإسكندرية
إيفاءً جزئياً لشروط الحصول على درجة

الدكتوراة في جراحة المسالك البولية والتناسلية

مقدمت من

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كلية الطب
جامعة الإسكندرية

٢٠١٥

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