





Sestrinska skrb za bolesnicu s dubokom venskom trombozom u trudnoći

Nursing care for a pregnant patient with deep vein thrombosis

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Venska tromboembolija (VTE) je obuhvaća duboku vensku trombozu (DVT) i plućnu emboliju (PE). Poznati čimbenici rizika za VTE su trudnoća i puerperij, svi trimestri trudnoće povećavaju rizik od VTE, a najviše razdoblje puerperija.¹ Incidencija VTE u trudnoći iznosi oko 200 slučajeva na 100.000 poroda. Razlog tome su fiziološke promjene koje se događaju u trudnoći te izazivaju vensku stazu donjih udova, hiperkoagulabilnost, te ozljeđuju endotel vena i arterija. Iako pacijentice imaju određene simptome, postavljanje točne dijagnoze u trudnoći je ponekad otežano zbog nemogućnosti izvođenja određenih dijagnostičkih postupaka, jer su kontraindicirani u trudnoći. Pri liječenju DVT u trudnoći treba uzeti u obzir sigurnost ploda, rizik od krvarenja pri porodu ili primjenu spinalne anestezije. Pristup liječenju DVT mora biti individualiziran s obzirom na mali broj studija koje su testirane u trudnoći. U skrb za liječenje DVT kod trudnica osim kardiološkog uključuju se hematološki, radiološki i ginekološki timovi. U ovom radu biti će prikazan slučaj trudnice koja je zaprimljena i zbrinjavana s dijagnozom DVT.

Venous thromboembolism (VTE) is a medical term that includes deep vein thrombosis and pulmonary embolism (PE). Known risk-factors for VTE are pregnancy and puerperium, all trimesters of pregnancy increase the risk of VTE and especially the period of puerperium.¹ The incidence of VTE in pregnancy is around 200 cases in 100.000 deliveries. Physiologic changes that are occurring in pregnancy are the main cause of venous hemostasis of lower limbs, hypercoagulability and damage of venous and arterial endothelium. Although the patients have symptoms of DVT, getting the right diagnosis sometimes is very difficult due to impossibility of performing right diagnostic procedures because some of them are contraindicated in pregnancy. In the treatment of DVT in pregnancy the safety of the fetus should be considered and also the risk of bleeding during the c-section or applying spinal anesthesia. Approach in treatment of patients with DVT should be an individual considering small amount of clinical trials that are conducted during pregnancy. In DVT treatment in pregnancy are included cardiology, hematology, radiological and gynecological teams. In this case report we will present a pregnant woman that was admitted and treated with a diagnosis of DVT.

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LITERATURE

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