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布比卡因与左旋布比卡因在剖宫产手术中麻醉效果比较 *

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摘要 目的:探讨蛛网膜下腔注射左旋布比卡因和布比卡因对剖宫产手术中的麻醉效果。**方法:**选取 2012 年 3 月到 2013 年 3 月期间在我院住院进行剖宫产手术产妇 60 例作为研究对象。随机分为左旋布比卡因组与布比卡因组, 观察两组患者的麻醉效果以及术后不良反应的发生情况。**结果:**剖宫产手术中左旋布比卡因和布比卡因的蛛网膜下腔注射麻醉后的 5 min 和 7 min 后 MAP 值与麻醉前比较差异具有统计学意义($P<0.05$)。左旋布比卡因和布比卡因的蛛网膜下腔注射麻醉后的 5 min、7 min、10 min 以及 15 min HR 值比较差异具有统计学意义($P<0.05$)。左旋布比卡因和布比卡因的蛛网膜下腔注射麻醉后 Bromage 评分 0 分时间和麻醉后切口感觉疼痛时间相比差异具有统计学意义($P<0.05$)。左旋布比卡因和布比卡因麻醉后的不良反应的发生率比较差异无统计学意义($P>0.05$)。**结论:**剖宫产手术麻醉中布比卡因的麻醉效果好于左旋布比卡因, 临幊上剖宫产等腹部手术应该选择布比卡因进行临幊麻醉。

关键词:剖宫产手术麻醉;布比卡因;左旋布比卡因;临幊疗效**中图分类号:**R719.8,R614 文献标识码:A 文章编号:1673-6273(2014)08-1482-03

Comparative Analysis on the Anesthetic Effects of Bupivacaine and Levobupivacaine Subarachnoid Injections during Cesarean Section Operation*

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ABSTRACT Objective: To observe and compare the anesthesia effects of bupivacaine and levobupivacaine subarachnoid injections during the operation of cesarean section. **Methods:** Sixty cases of parturients who underwent cesarean section operation in the hospital between March 2012 and March 2013 were selected as study objects. They were randomly divided into levobupivacaine and bupivacaine group. The former received intrathecal levobupivacaine for preoperative anesthesia, and the latter was given subarachnoid injection of bupivacaine anesthesia before the operation. Observations were made to both groups in terms of the anesthesia effects and the occurrence of postoperative adverse reactions. **Results:** After bupivacaine and levobupivacaine subarachnoid injections for anesthesia, the MAP values of 5 min and 7 min during cesarean section operation were of statistically significant difference when compared with that before anesthesia($P<0.05$). There were statistically significant differences between HR values of 5min, 7min, 10min and 15min after bupivacaine and levobupivacaine subarachnoid injection ($P<0.05$), so were the differences between the Bromage scores of 0 min and the time of feeling the incision pain ($P<0.05$). However, there were no significant difference in the incidence of postoperative adverse reactions between levobupivacaine group and bupivacaine group were much the same ($P>0.05$). **Conclusions:** The bupivacaine had better anesthetic effect than levobupivacaine in cesarean section operation.

Key words: Caesarean Operation Anesthesia; Bupivacaine; Levobupivacaine; Clinical Effects**Chinese Library Classification:** R719.8, R614 **Document code:** A**Article ID:** 1673-6273(2014)08-1482-03

前言

剖宫产手术中麻醉的方式最有效的是蛛网膜下腔注射, 原因在于蛛网膜肌肉松弛, 麻醉后起效较快。妊娠期的女性对局部麻醉药的敏感性增加, 容易导致神经毒性, 产妇下肢神经运动功能的恢复时间延长^[1]。蛛网膜下腔注射的麻醉药主要是左旋布比卡因和布比卡因, 根据两种药物结构功能特点的研究报

道, 布比卡因和左旋布比卡因属于同分异构体, 但是布比卡因对心脏钠通道的抑制作用、神经细胞钠通道的抑制作用、对细胞膜双分子层的影响以及对 KATP 通道的抑制作用均强于左旋布比卡因。为了确认两种药物的麻醉作用效果, 本院针对剖宫产手术中左旋布比卡因和布比卡因的蛛网膜下腔注射的麻醉效果进行研究, 现将研究结果总结报道如下。

1 资料与方法

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1.1 临床资料

选取 2012 年 3 月到 2013 年 3 月期间在我院住院进行剖宫产手术的产妇 60 例作为研究对象。年龄在 26~34 岁之间,平均年龄为(27.59±3.21)岁。排除产妇麻醉药物过敏情况,随机分为两组,使得两组患者在年龄、身体素质方面无明显差异($P>0.05$),具有可比性。

1.2 方法

两组产妇术前半小时注射 0.1g 苯巴比妥那和 0.5mg 阿托品,检测产妇的血压、心率、心电图等信息。取患者侧卧位,穿刺成功后两组产妇分别进行蛛网膜下腔注射 0.5% 左旋布比卡因(江苏恒瑞医药有限公司,H20020570)和 0.5% 布比卡因(上海禾丰只要有限公司,H090302),均是 2 mL,两组产妇在麻醉的过程中保持吸氧。

1.3 观察指标

观察两组产妇麻醉后的各项指标、麻醉前后的 MAP 和 HR 值的比较以及不良反应情况。

1.4 统计学处理

使用 SPSS17.0 统计软件进行统计学分析,计数资料比较采取 χ^2 检验,组间比较采取独立样本 t 检验,以 $P<0.05$ 为差异具有统计学意义。

2 结果

2.1 麻醉前后两组患者 MAP 和 HR 变化情况

剖宫产手术中左旋布比卡因和布比卡因的蛛网膜下腔注射麻醉后的 5 min 和 7 min 后 MAP 值与麻醉前比较差异具有统计学意义($P<0.05$)。左旋布比卡因和布比卡因的蛛网膜下腔注射麻醉后的 5 min、7 min、10 min 以及 15 min HR 值比较差异具有统计学意义($P<0.05$)。

表 1 麻醉前后两组 MAP 和 HR 统计结果(N=30)

Table 1 MAP and HR statistics results of two groups before and after anaesthesia (N=30)

指标 Indicators	组别 Groups	麻醉前 Before anaesthesia	麻醉后 After anaesthesia(min)				
			1	5	7	10	15
MAP(mmHg)	Bupivacaine group	76.7± 6.3	78.3± 7.2	69.3± 6.0 [#]	69.4± 6.4 [#]	72.4± 7.2	77.6± 8.2
	Levobupivacaine group	76.2± 6.5	77.0± 6.4	69.2± 6.0 [#]	70.6± 7.2 [#]	72.5± 5.6	74.5± 5.8
HR(time/min)	Bupivacaine group	80.3± 7.2	83.2± 7.5	90.2± 6.7 [#]	91.0± 7.4 [#]	89.2± 5.5 [#]	89.2± 5.7 [#]
	Levobupivacaine group	80.7± 7.1	82.2± 6.4	91.8± 6.2 [#]	93.9± 6.8 [#]	88.2± 6.8 [#]	89.2± 7.0 [#]

注:与麻醉前相比,[#] $P<0.05$,具有统计学意义。

Note: compared with pre anesthesia, [#] $P<0.05$, with statistical significance.

2.2 两组患者麻醉后各项指变化情况

布比卡因的蛛网膜下腔注射麻醉后 Bromage 评分 0 分时和麻醉后切口感觉疼痛时间明显低于左旋布比卡因组,两组比较差异差异具有统计学意义($P<0.05$)。两组麻醉后的达到最大阻滞平面、运动阻滞起始时间以及达到最大运动阻滞等指标

比较差异无统计学意义($P>0.05$)。

2.3 两组患者不良反应情况

左旋布比卡因麻醉后不良反应的发生率为 30.0%,布比卡因麻醉后不良反应的发生率为 36.7%,两组不良反应的发生率比较差异无明显差异($P>0.05$)。

表 2 (N=30)两组麻醉后的各项指标统计结果

Table 2 (N=30) Statistical results of indicators of two groups after anesthesia

组别 Groups	达到最大阻滞平面时 间 Time for max block level(min)	运动阻滞起始时间 (min)Initial time for motor block	达到最大运动阻滞时 间 Time for max motor block(min)	评分 0 分时间 Bromage score at 0 (min)	麻醉后切口感觉疼痛 时间 Incision pain time after anesthesia(min)	
					左旋组 Bupivacaine group	布比组 Levobupivacaine group
	16.9± 2.2	2.2± 0.3	7.0± 0.5	150.1± 18.4	180.2± 12.1	15.9± 1.9
				167.2± 22.1 [#]	246.1± 14.4 [#]	

注:与左旋组相比,[#] $P<0.05$,具有统计学意义。

Note: compared with Bupivacaine group, # $P<0.05$, with statistical significance.

表 3 (N=30)两组不良反应发生情况

Table 3 (N=30) The incidence of adverse reaction of the two groups

组别 Groups	血压下降 Drop of blood pressure	心动过缓 Bradycardia	恶心呕吐 Nausea and vomiting	总发生情况 Total occurrence	
				左旋组 Bupivacaine group	布比组 Levobupivacaine group
	5(16.7)	3(10.0)	3(10.0)	9(30.0)	7(23.3)
		5(16.7)	2(6.7)	11(36.7)	

3 讨论

剖宫产手术临幊上麻醉要求有良好的肌肉松弛和满意的镇痛效果,经过研究发现蛛网膜注射左旋布比卡因和布比卡因可以满足以上两个要求。根据郑彬^[2]等人研究蛛网膜注射药物麻醉报道,可以根据手术时间选择不同的局部麻醉药物。布比卡因是常见的用于蛛网膜注射的麻醉药物,麻醉效果较好,但是根据临床经验总结发现大剂量的布比卡因会对患者的心脏产生一定的毒性,并且该毒副作用是不可逆的,复苏比较困难^[3-5],但是小剂量注射不会引起心脏的毒性反应。左旋布比卡因麻醉药对患者的心脏的毒副作用比较小,左旋布比卡因和布比卡因都属于长效的麻醉药^[6-8],在临床剖宫产手术的麻麻醉中效果相似,本院针对以上两种麻醉药的研究发现,剖宫产手术中左旋布比卡因和布比卡因的蛛网膜下腔注射麻醉后的5 min和7 min后MAP值与麻醉前比较差异具有统计学意义^[9-12]。左旋布比卡因和布比卡因的蛛网膜下腔注射麻醉后的5min、7 min、10 min以及15 minHR值比较差异具有统计学意义。两种药物均是在麻醉5 min出现的MAP最低值和7 min后出现的HR最高值,两种药物之间无明显差异^[13]。左旋布比卡因和布比卡因的蛛网膜下腔注射麻醉后Bromage评分0分时间和麻醉后切口感觉疼痛时间相比差异具有统计学意义。说明布比卡因相比较于左旋布比卡因的麻醉持续时间更长^[14-17]。左旋布比卡因和布比卡因麻醉后的不良反应的发生率比较差异无明显差异,主要因为小剂量注射不会引起不良反应的发生的差异性。本院本次研究中两种同等剂量麻醉药物的麻醉效果,根据术后医生的满意度反馈以及研究的麻醉效果反映,布比卡因都是优于左旋布比卡因的,这与李肇端等人的研究结论相似^[18-19]。同时Harkouk^[20]等人研究报道左旋布比卡因蛛网膜下腔注射麻醉中多次出现短暂性呕吐,对产妇的不良影响较大。

综上所述,在小剂量蛛网膜下腔注射麻醉的剖宫产等下腹部手术中,布比卡因的麻醉效果稍好于左旋布比卡因,麻醉持续时间更长,临床应用价值更高,值得在临幊上大力推广。

参考文献(References)

- [1] Hu Jian-ying, Huang Shao-jiang, Liang Wei-min, et al. Pharmacodynamics of Subarachnoid Injection of Different Isobaric Local Anesthetics in Patients with Cesarean Section [J]. Chinese Journal of Anesthesiology, 2010, 30(7): 796-798(In Chinese)
- [2] Zheng Bin, Fu Wen-ting, Ceng Yan-ru, et al. Comparative Study on Motion Block Efficiency of Subarachnoid Injection levobupivacaine, ropivacaine, and bupivacaine for Elderly Patients [J]. Journal of Practical Medical Science, 2011, 27(5): 859-861
- [3] 张涛,陈坚伟,徐康清,等.蛛网膜下腔注射罗哌卡因与布比卡因运动神经阻滞效力的比较[J].中华麻醉学杂志,2011,31(2): 214-216
Zhang Tao, Chen Jian-wei, Xu Kang-qing, et al. Comparative Study on the Nervus Motorius Block Efficiency of Subarachnoid Injection with Ropivacaine and Bupivacaine [J]. Chinese Journal of Anesthesiology, 2011, 31(2): 214-216
- [4] Huang Jin-ping, Li Yu-ming, Wang Yi-shun, et al. The Application of Isobaric Bupivacaine of Bupivacaine Unilateral Subarachnoid Block Anesthesia in Unilateral Lower Limb Surgery [J]. Journal of Practical Medical Science, 2010, 26 (8): 1421-1423(In Chinese)
- [5] 王军.老年患者蛛网膜下腔注射不同低比重局麻药的药效学研究[J].徐州医学院学报,2013, 33(7): 438-439
Wang Jun. Study on Pharmacodynamics of Subarachnoid Injection of Low Proportion of Different Local Anesthetics in Elderly Patients [J]. Journal of Xuzhou Medical College, 2013, 33(7): 438-439
- [6] Gautier P, Kock MD, Huberty K, et al. Comparision of the effects of intrathecal ropivacaine, levobupivacaine, and bupivacaine for Caesarean section[J]. Br J Anaesth, 2003, 91(5): 684-689
- [7] Li Zhao-duan, Zhou Fen Gong Li-Rong, et al. The Effect of Intrathecal Injection of Imidazole Diazepam on Subarachnoid Anesthesia [J]. Journal of Tianjin Medicine, 2012, 40(12): 1254-1255
- [8] 黄生剑,黄渊祥,欧曙光,等.腰麻硬膜外联合麻醉在老年下肢手术中的临床观察[J].现代生物医学进展,2012, 12(34): 6720-6722
Huang Sheng-jian, Huang Yuan-xiang, Ou Shu-guang, et al. The Clinical Observation of Lumbar Anesthesia Epidural Combined with Anesthesia in Senile Lower Limbs surgery [J]. JProgress in Modern Biomedicine, 2012, 12(34): 6720-6722
- [9] 项小兵,马美娜,柳兆芳.舒芬太尼复合小剂量布比卡因蛛网膜下腔麻醉在老年患者手术中的应用 [J]. 临床麻醉学杂志, 2012, 28(5): 469-471
Xiang Xiao-bing, Ma Mei-na, Liu Zhao-fang. The Application of Sufentanil Combined with Small Doses of Bupivacaine Subarachnoid Anesthesia in Elderly Patients Surgery [J]. Journal of Clinical Anesthesiology, 2012, 28(5): 469-471
- [10] 刘琪琳,魏蔚.吸入麻醉预处理心脑保护作用机制的研究进展[J].现代生物医学进展,2008, 8(1): 169-171, 168
Liu Qi-lin, Wei Wei. The Research Progress on Cerebrovascular Protection Mechanism of Inhalation Anesthesia Pretreatment [J]. Progress in Modern Biomedicine, 2008, 8(1): 169-171168
- [11] Adachi E, Mori G, Hashimoto Y, et al. A case of suspected dry tap during spinal anesthesia for caesarean section [J]. Masui, 2013, 62(8): 965-967
- [12] Kiyosawa K, Kawamata T, Yamamoto K, et al. Combined spinal-epidural anesthesia for caesarean section in a parturient with scoliosis[J]. Masui, 2013, 62(7): 859-862
- [13] 曹妍群,于惠敏,尚雷,等.不同温度对麻醉后小鼠晶状体浑浊的影响[J].现代生物医学进展,2012, 12(32): 6214-6217
Cao Yan-qun, Yu Hui-min, Shang Lei, et al. The Effect of Different Temperature on Phacoemulsification in Mice after Anesthesia [J]. Progress in Modern Biomedicine, 2012, 12(32): 6214-6217
- [14] Punshi GD, Afshan G. Spinal anaesthesia for caesarean section: plain vs hyperbaric bupivacaine[J]. J Pak Med Assoc, 2012, 62(8): 807-811
- [15] Cánovas L, López C, Castro M, et al. Contribution to post-caesarean analgesia of ultrasound-guided transversus abdominis plane block [J]. Rev Esp Anestesiol Reanim, 2013, 60(3):124-128
- [16] Toyama S, Kakumoto M, Morioka M, et al. Perfusion index derived from a pulse oximeter can predict the incidence of hypotension during spinal anaesthesia for Caesarean delivery [J]. Br J Anaesth, 2013, 111 (2): 235-241
- [17] 谢锐捷,刘少芬,张松林,等.戊乙奎醚与咪唑安定作为妇科腹腔镜手术麻醉前用药对患者血流动力学的影响[J].现代生物医学进展,2013, 13(17): 3324-3327, 3330

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- Xiao Liao-yuan, Sheng Jun, Sun Li-jun, et al. Progression of Biological Marker in Early Diagnosis Acute Kidney Injury: A Review [J]. Progress in Modern Biomedicine, 2013, 13(16): 3183-3185
- [5] 李颖,周红卫.不同剂量日间 CRRT 对重症肺炎合并急性肾损伤患者免疫功能的影响[J].广西医学,2011,33(5): 576-578
- Li Ying,Zhou Hong-wei.Effects of Different Doses of Daytime CRRT on Immnune Function of Patients with Severe Pneumonia Associated with Acute Kidney Injury [J]. Guangxi Medical Journal, 2011, 33(5): 576-578
- [6] 王宁,包翠芬,郭敏,等.缺血性急性肾损伤大鼠肝细胞的微细结构变化[J].辽宁医学院学报,2012,33(5): 396-397, 431, 附页 2
- Wang Ning, Bao Cui-fen, Guo Min, et al. Structural Changes of Hepatocytes in Rats with Ischemic Acute Kidney Injury[J]. Journal of Liaoning Medical University, 2012, 33(5): 396-397, 431, Appendix 2
- [7] Gaillot T, Ozanne B, Bé tré mieux P, et al. Acute renal replacement therapy in pediatrics[J]. Ann Fr Anesth Reanim,2013,32(12): 231-236
- [8] Wald R, Shariff SZ, Adhikari NK, et al. The Association Between enal Replacement Therapy Modality and Long-Term Outcomes Among Critically Ill Adults With Acute Kidney Injury: A Retrospective Cohort Study[J]. Crit Care Med, 2013
- [9] Tovey L, Dickie H, Gangi S, et al. Beyond the randomized clinical trial: citrate for continuous renal replacement therapy in clinical practice[J]. Nephron Clin Pract, 2013, 124(1-2): 119-123
- [10] de Geus HR, Fortrie G, Betjes MG, et al. Time of injury affects urinary biomarker predictive values for acute kidney injury in critically ill, non-septic patients[J]. BMC Nephrol, 2013, 14(1): 273
- [11] Symons JM, McMahon MW, Karamlou T, et al. Continuous renal replacement therapy with an automated monitor is superior to a free-flow system during extracorporeal life support [J]. Pediatr Crit Care Med, 2013, 14(9): 404-408
- [12] Jiang SP, Zhu ZY, Ma KF, et al. Impact of pharmacist antimicrobial dosing adjustments in septic patients on continuous renal replacement therapy in an intensive care unit [J]. Scand J Infect Dis, 2013, 45(12): 891-899
- [13] Johansson M, Nozohoor S, Bjursten H, et al. Acute Kidney Injury Assessed by Cystatin C after Transcatheter Aortic Valve Implantation and Late Renal Dysfunction[J]. J Cardiothorac Vasc Anesth, 2013
- [14] 陈姚,李新宇.急性肾损伤早期诊断生物标志物研究进展[J].现代生物医学进展,2012, 12(4): 760-761,738
- Chen Yao, Li Xin-yu. Early Biomarkers for the Diagnosis of Acute Kidney Injury [J]. Progress in Modern Biomedicine, 2012, 12 (4): 760-761, 738
- [15] 邹广美,牛永胜,王慧,等.NGAL、IL-18 及 KIM-1 在冠状动脉搭桥术后早期诊断急性肾损伤的意义[J].重庆医学,2013,(33):3986-3988
- Zou Guang-mei, Niu Yong-sheng, Wang Hui, et al. The significance of NGAL, IL-18, KIM-1 in early diagnosis of acute kidney injury after coronary artery bypass graft surgery [J]. Chongqing Medicine, 2013, (33): 3986-3988
- [16] Zhang J, Feng G, Yang Y, et al. Acute kidney injury after radical gastrectomy: a single center study[J]. Int Urol Nephrol, 2013
- [17] Shi S, Jia S, Liu J, et al. Continuous Renal Replacement Therapy as a Supportive Treatment for Acute Pediatric Necrotizing Fasciitis [J]. Cell Biochem Biophys, 2013
- [18] Mencí a S, Ló pez M, Ló pez-Herce J, et al. Simulating continuous renal replacement therapy: usefulness of a new simulator device [J]. J Artif Organs, 2013
- [19] Honoré PM, Jacobs R, Joannes-Boyau O, et al. Con: Dialy- and continuous renal replacement (CRRT) trauma during renal replacement therapy: still under-recognized but on the way to better diagnostic understanding and prevention[J]. Nephrol Dial Transplant, 2013, 28(11): 2723-2727; discussion 2727-2728
- [20] Lipcsey M, Chua HR, Schneider AG, et al. Clinically manifest thromboembolic complications of femoral vein catheterization for continuous renal replacement therapy[J]. J Crit Care, 2013, 29(1): 18-23

(上接第 1484 页)

- Xie Rui-jie, Liu Shao-song, Zhang Song-lin, et al. Effect of Penhyclidine and Midazolam as Medicine Prior to Anesthesia for Iagynecological Laparoscopic Surgery on Hemodynamics of Patients [J]. Progress in Modern Biomedicine, 2013, 13(17): 3324-3327333
- [18] Otiobanda GF, Ossou-Nguit PM, Itoua C, et al. Bilateral border zone infarct during spinal anaesthesia for caesarean section [J]. Ann Fr Anesth Reanim, 2013, 32(3): 207-208

- [19] Turkmen A, Moralar DG, Ali A, et al. Comparison of the anesthetic effects of intrathecal levobupivacaine + fentanyl and bupivacaine + fentanyl during caesarean section[J]. Middle East J Anesthesiol, 2012, 21(4): 577-582
- [20] Harkouk H, de Pré ville G, Benhamou D. Hypothermia after intrathecal morphine for caesarean delivery: Another case report [J]. Ann Fr Anesth Reanim, 2013, 32(1): 53-55