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腹腔镜胆囊手术和开腹胆囊手术对术后肠粘连的影响比较

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摘要 目的:比较腹腔镜胆囊手术和开腹胆囊手术对于术后肠粘连的影响,对比两种手术的有效性和安全性。**方法:**回顾选取在我院接受胆囊手术治疗的 196 例病患,根据术式分成开腹组和腹腔镜组,每组均为 98 例患者,对比分析组间手术指标以及术后出现肠粘连的情况,同时观察手术前后患者消化道生存质量变化。**结果:**腹腔镜组手术耗时(123.57 ± 4.65 min)长于开腹组,术中出血(27.52 ± 5.69 mL)、胃肠功能恢复用时(18.03 ± 3.51 h)、术后住院时间(4.51 ± 1.03)、肠粘连发生率(10.20%)少于开腹组, ($P < 0.05$);两组术前 GLQI 评分相仿($P > 0.05$),术后 GLQI 评分显著高于组内术前($P < 0.05$),且腹腔镜组术后 GLQI 评分显著高于开腹组($P < 0.05$)。**结论:**与开腹手术相比,腹腔镜胆囊手术不仅手术创伤小、术后恢复时间短,而且术后肠粘连发生率低,值得推广。

关键词:腹腔镜胆囊手术;开腹胆囊手术;肠粘连

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Comparison of the Effects of Laparoscopic Cholecystectomy and Open Laparotomy Cholecystectomy on Postoperative Intestinal Adhesion

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ABSTRACT Objective: To compare the clinical effects of laparoscopic cholecystectomy and open laparotomy cholecystectomy on postoperative intestinal adhesion, and to compare the effectiveness and safety of the two procedures. **Methods:** 196 patients with cholecystectomy in our hospital were retrospectively chosen. According to the operative procedure, they were divided into two groups: open laparotomy group and abdominal cavity group, and 98 cases in each group. The operative indexes and postoperative intestinal adhesion of the two groups were compared, and the changes of quality of life of patients with gastrointestinal tract before and after surgery were observed. **Results:** The laparoscopic operation time (123.57 ± 4.65 min) was longer than that in the open laparotomy group, bleeding during operation (27.52 ± 5.69 mL), recovery of gastrointestinal function time (18.03 ± 3.51 h), postoperative hospital stay (4.51 ± 1.03) and intestinal adhesion rate (10.20%) were less than the open laparotomy group, ($P < 0.05$). The GLQI scores of the two groups before surgery were similar ($P > 0.05$), and the postoperative GLQI score was significantly higher than that of the preoperative group ($P < 0.05$), and the GLQI score of laparoscopic group was significantly higher than that of open laparotomy group ($P < 0.05$). **Conclusion:** Compared with open laparotomy surgery, laparoscopic cholecystectomy not only has the advantages of small operative trauma, short postoperative recovery time, but also low incidence of postoperative intestinal adhesion, and it is worthy of promotion.

Key words: Laparoscopic cholecystectomy; Open laparotomy cholecystectomy; Intestinal adhesion

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前言

胆囊疾病最主要的治疗方法为手术切除病变胆囊,但是胆囊切除术后极易出现肠道功能损伤,部分患者甚至发生肠粘连,严重影响预后和生活质量。因此,在进行胆囊切除手术治疗的同时,积极防治术后肠粘连极为重要^[1-3]。本实验通过对比两种常用胆囊手术的手术指标、消化道生存质量、肠粘连发生情况,旨在为临床优化制定胆囊手术方案提供借鉴,现报道如下:

1 资料与方法

1.1 研究对象

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回顾选取我院普外科在 2015 年 2 月-2016 年 6 月间接受胆囊切除手术的 196 例病患,依据所用胆囊切除术式分为两组(开腹组和腹腔镜组),每组各 98 例患者,病例入选标准^[4]:①经超声等检查确诊为胆囊结石,且胆囊结石最大直径超过 3.0 cm;②符合胆囊切除手术适应症,无手术禁忌;③知情同意手术方案,自愿签订手术同意书;④既往无腹部手术史;排除标准^[4]:①合并急性胆囊炎、胆囊穿孔等其他胆囊病变;②合并胆囊恶性肿瘤;③合并胰腺病变、心肾功能不全、肺功能障碍等疾病;④合并急腹症,病情危重;⑤腹腔镜中转开腹;⑥存在凝血功能异常、术前贫血等异常者;⑦拒绝加入者。

1.2 治疗方法

腹腔镜手术步骤:进入手术室后病患以仰卧位摆放与手术床上,并向左上轻微调整手术床角度,全身麻醉成功后,在脐下作

手术一观察孔,将腹腔镜缓慢置入腹腔,在上腹部作一 10 mm 的操作孔,充入二氧化碳气体,建立气腹,利用腹腔镜观察腹腔情况,分别在锁骨中线左右下腹部适宜位置作辅助操作孔,放置腹腔镜手术专用器械,利用电凝组成完成解剖结构的分离,暴露胆囊,游离并固定胆囊,碎石处理后,切除并取出胆囊,观察出血情况,冲洗术野,无活动出血后即刻撤除手术器械、解除气腹、缝合切口。对照组在连续硬膜外麻醉下仅常规开腹胆囊切除治疗,在右肋缘下 2 cm 作斜形手术切口,分离皮下组织等进腹腔,暴露并游离胆囊,切除并将取出胆囊,缝合胆总管和手术切口。

1.3 观察指标

在手术过程中准确统计手术耗时、术中出血指标,在术后 1 周内准确记录胃肠功能恢复时间和肠粘连情况,跟踪随访,统计两组的术后住院时间。肠粘连诊断标准^[9]为:手术结束 96 h 内排便、排气等肠道功能未恢复正常,且腹部出现明显不适症状;躯干过伸位时疼痛(+);进食或进水均可引发反复性呕吐;腹腔局部隆起,听诊可闻及肠鸣音亢进;X 线检查提示肠段局部明显扩张,肠腔内可见积气或积液,内脏、腹壁等临近组织器官可见粘连带。

1.4 消化道生存质量评价

在治疗前、治疗后 1 个月、3 个月时分别进行消化道生存质量评价,评价依据为 GLQI (Gastrointestinal quality of life index,消化病生存质量指数)消化道疾病生存质量量表^[6],评价内容包括自觉症状、日常生活、生理功能、心理功能以及社会功能共 5 个方面,其中 120 分以上为正常,分数越低,生存质量越差。所有调查均由两位专业人士共同进行。

1.5 统计学分析

全部实验结果均以电子数据形式保存,并利用 SPSS 软件 (17.0 版)完成统计学比较,正态分布的计量资料用 t 检验,计数资料用卡方检验,重复测量数据用重复测量单因素分析, $P < 0.05$,结果存在统计学差异。

2 结果

2.1 两组间一般资料对比

腹腔镜组患者年龄区间为 35-68 岁,病程 0.5-7.0 d,结石直径在 3.0-7.2 cm,开腹组年龄区间 34-67 岁,病程 0.5-6.5 d,结石直径在 3.5-7.4 cm,组间一般资料未见统计学差异($P > 0.05$)。见表 1。

表 1 两组间一般资料比较

Table 1 Comparison of the general data between the two groups

Indicators	Laparoscopy group	Laparotomy group	Statistic	P
Age (yrs)	46.74± 4.03	46.53± 3.89	0.632	>0.05
Gender (n)	Male 57(%)	55(%)	0.038	>0.05
	Female 41(%)	43(%)	0.701	>0.05
Stone diameter (cm)	4.59± 1.24	4.55± 1.22	0.521	>0.05
Disease course (d)	3.27± 1.09	3.31± 1.08	1.036	>0.05

2.2 两组手术相关指标比较

与开腹组相比,腹腔镜组的手术耗时更长,但是其术中出

血、术后胃肠功能恢复、住院时间更短, ($P < 0.05$),组间比较差异显著。见表 2。

表 2 两组间手术相关指标比较

Table 2 Comparison of the surgical-related indicators between the two groups

Indicators	Laparoscopy group	Laparotomy group	t	P
Operation time (min)	123.57± 4.65	51.37± 4.62	52.068	<0.05
Intraoperative blood loss (ml)	27.52± 5.69	59.63± 4.52	81.651	<0.05
Gastrointestinal functional recovery time (h)	18.03± 3.51	51.37± 4.28	50.784	<0.05
Postoperative hospital stay (d)	4.51± 1.03	8.64± 1.58	73.056	<0.05

2.3 两组间消化道生存质量比较

术前两组病患的 GLQI 评分相仿($P > 0.05$),手术后多数病患的 GLQI 评分明显提高,手术前后组内 GLQI 评分相比差异

显著($P < 0.05$),手术后,组间 GLQI 评分存在统计差异($P < 0.05$)。见表 3。

表 3 两组间消化道生存质量比较

Table 3 Comparison of digestive tract quality of life between the two groups

Group	Before surgery	1 month after surgery	3 months after surgery	F	P
Laparoscopy group	101.67± 23.51	118.32± 15.36	124.69± 10.68	52.687	<0.05
Laparotomy group	101.71± 23.84	110.57± 18.67	118.63± 15.20	57.417	<0.05
t	0.978	52.789	55.085		
P	>0.05	<0.05	<0.05		

2.4 两组手术后肠粘连发生情况比较

在手术虽然两组均出现了确诊为肠粘连的病例,但是腹腔

镜组总发生率显著低于开腹组,组间比较差异显著($P<0.05$)。见表 4。

表 4 两组间术后肠粘连发生情况比较

Table 4 Comparison of the occurrence of intestinal adhesion after surgery between the two groups

Group	n	Cases	Incidence rate
Laparoscopy group	98	10	10.20%
Laparotomy group	98	29	29.59%
χ^2			63.025
P			0.000

3 讨论

胆囊切除手术过程中由于肠管暴露时间较长,在缺血、干燥、异物刺激等诸多不良因素的影响下,极易因浆膜损伤而风导致肠粘连^[78],而肠粘连作为腹腔镜手术最常见的并发症,如不及时解除粘连,能够诱发粘连性肠梗阻、造成肠道功能损伤,重症患者甚至出现生命威胁^[9,10]。相关研究发现^[11,12]在腹部手术后发生肠粘连的风险达 60%以上,因此,积极预防术后肠粘连对于改善腹部手术效果极为重要。目前临床关于腹部手术后肠粘连发生情况的研究较多,但是由于缺乏大样本、长期研究,实验结果仍缺乏公信力,在现有研究中,多数结果显示^[13-15]腹腔镜手术预防肠粘连的效果优于开腹手术。本研究从胆囊切除手术出发,通过观察分析发现,虽然腹腔镜胆囊切除手术的手术时间长,但是其术中出血、术后胃肠功能恢复时间、住院时间较开腹手术均明显缩短,而且虽然腹腔镜胆囊切除术后也不可避免的出现了肠粘连,但是其发生率显著高于开腹手术,且其消化道生存质量明显优于开腹手术,说明与开腹手术相比,腹腔镜手术不仅恢复快、损伤小,而且能够有效防止肠粘连、提高病患的消化道生存质量,考虑该结果与两种手术的特点和对人体损伤程度有关。开腹手术具有直观、手术野大、操作方便、费用低等优点,在手术过程中采取切开入腹的方式,在手术过程中相关肠段、腹腔器官直接裸露于空气之中,极易出现缺水干燥,并直接接受异物刺激,因此,对肠管损伤性较大^[16,17]。而腹腔镜手术在手术中利用专业器械以美容切口入腹,不仅保障爱了腹腔完整结构,而且有效避免了肠管暴露于外,加之手术中极少应用纱布等,极大避免了异物对于腹腔的刺激,因此,其损伤性、对机体干扰下更小^[18]。

总而言之,腹腔镜胆囊切除具有恢复快、对胃肠道干扰小等优点,能够在减少术后肠粘连的同时,提升病患消化道生存质量,建议有条件的治疗中心合理选用。

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