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宫颈多重缝扎术联合子宫动脉上行支结扎治疗难治性出血的效果*

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摘要 目的:探究宫颈多重缝扎术联合子宫动脉上行支结扎治疗难治性出血的效果及安全性。方法:选取2014年9月~2018年10月我院收治的剖宫产术后难治性出血患者70例进行回顾性分析,根据术中止血方式不同分为两组,对照组(35例)患者行宫腔纱布填塞联合双侧子宫动脉上行支结扎术,观察组(35例)患者行宫颈多重缝扎术联合双侧子宫动脉上行支结扎术。比较两组患者的止血效果、术中和术后出血量、术后恢复情况及并发症的发生情况。结果:治疗后,观察组患者的止血有效率显著高于对照组($P<0.05$);观察组患者术中和术后2 h、12 h和24 h的出血量显著低于对照组($P<0.05$);两组患者月经量和子宫复旧情况相比无统计学差异($P>0.05$),观察组患者住院时间、恶露持续时间、月经恢复时间均显著短于对照组($P<0.05$);两组患者不良反应发生率相比无统计学差异($P>0.05$)。结论:宫颈多重缝扎术联合子宫动脉上行支结扎可显著降低术中和术后出血量,止血效果较好,可促进患者术后恢复,且不增加并发症的发生率。

关键词: 宫颈多重缝扎术;子宫动脉上行支结扎;难治性出血;临床效果

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Effect of Multiple Cervical Suture Ligation Combined with Uplink Ligation of Uterine Artery in the Treatment of Refractory Bleeding*

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ABSTRACT Objective: To explore the effect and safety of multiple cervical suture ligation combined with ascending branch ligation of uterine artery in the treatment of refractory bleeding. **Methods:** 70 cases of patients with intractable hemorrhage after cesarean from September 2014 to October 2018 in our hospital were selected and divided into two groups according to different operation method, the control group (35 cases) was treated with intrauterine gauze tamponade combined bilateral uterine artery ascending branch ligation, while the observation group (35 cases) was treated by multiple cervical suture ligation combined with bilateral uterine artery ascending branch ligation operation. The hemostatic effect, intraoperative and postoperative blood loss, postoperative recovery and incidence of complications were compared between the two groups. **Results:** The hemostatic efficiency of observation group was significantly higher than that of the control group($P<0.05$). The amount of bleeding at 2 h, 12 h and 24 h after operation in the observation group were significantly lower than those in the control group($P<0.05$). There was no statistically significant difference between the two groups in the menstrual quantity and uterine involution ($P>0.05$). The length of hospital stay, duration of lochia rubra and recovery time in the observation group were significantly shorter than those of the control group ($P<0.05$). There was no statistical difference in the incidence of adverse reactions between the two groups ($P>0.05$). **Conclusion:** Multiple cervical suture ligation combined bilateral uterine artery ascending branch ligation operation can significantly reduce the amount of intraoperative and postoperative blood loss and promote the postoperative recovery without increasing the incidence of complications.

Key words: Multiple cervical suture Ligation; Uplink ligation of uterine artery; Refractory bleeding; Clinical effect

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前言

产后出血是产妇在分娩期出现的严重并发症,是导致产妇子宫切除和死亡的重要原因,发病率约占所有产妇的2%~3%。

近年来,随着高龄产妇和剖宫产率的升高,产后出血的发病率呈现上升的态势^[1-3]。难治性产后出血是胎儿娩出后出血量超过1000 mL并伴有低血容量,且药物治疗无效的严重产后出血,可能的原因包括产后子宫收缩不良、宫缩乏力、前置胎盘、巨大

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儿等^[4-6]。难治性产后出血的产妇出血速度快,部分患者出现血流"涌出"的特点,病情凶险,一般的产后止血方法难以控制,可能会导致肝、肾、肺等重要器官功能衰竭,直接危及产妇的生命,是产科医生面临的一大难题^[7,8]。

产后出血的治疗包括药物、按摩子宫和压迫子宫缝合,如止血无效则需要行子宫动脉结扎、宫腔纱布填塞和介入治疗等,如仍无法止血需切除子宫^[9-11]。子宫是女性重要的生殖器官,具有内分泌及免疫功能,对女性具有重要意义。子宫切除虽然可以达到止血的目的,但使患者丧失生育能力,引起一系列的生理和心理变化,影响患者的健康和生活,是处理产后出血的最终手段,提早进行有效的止血是防止子宫切除的重要方法^[12-14]。为寻求高效、快速的难治性产后出血的止血方法,本研究主要探讨了宫颈多重缝扎术联合子宫动脉上行支结扎治疗难治性出血的效果。

1 资料和方法

1.1 一般资料

选取 2014 年 9 月~2018 年 10 月我院收治的剖宫产术后难治性出血患者 70 例进行回顾性分析,纳入标准:①具有剖宫产指征并行剖宫产手术;②患者接受子宫按摩和缩宫素后仍持续出血;③术前检查均无凝血功能障碍。排除标准:①合并严重细菌性感染者;②有精神障碍,无法进行沟通交流者;③合并严重肝肾功能障碍者;④病例资料不全者。根据术中止血方式不同分为两组,对照组 35 例,年龄 25~38 岁,平均 30.12 ± 3.47 岁;孕周 33~40 周;平均 36.58 ± 1.57 周;产次 1~3 次,平均 1.32 ± 0.37 次;初产妇 15 例,经产妇 20 例。观察组 35 例,年龄 23~36 岁,平均 29.58 ± 3.03 岁;孕周 34~40 周;平均 37.21 ± 1.83 周;产次 1~3 次,平均 1.54 ± 0.31 次;初产妇 16 例,经产妇 19 例。两组患者一般资料比较无统计学差异($P > 0.05$),具有可比性。

1.2 治疗方法

对照组患者行宫腔纱布填塞联合双侧子宫动脉上行支结扎术,观察组患者行宫颈多重缝扎术联合双侧子宫动脉上行支结扎术。两组患者均取纵切口,采用腰硬联合麻醉,胎儿娩出后静脉滴注缩宫素 20 U 和宫体注射 250 微克卡前列素氨丁三

醇,并用止血带套扎子宫。同时行双侧子宫动脉上行支结扎术,将子宫托出腹腔,手术医师左手握子宫下段左侧将子宫牵引向头端,显露手术视野,用 1-0 可吸收线于子宫下段横切口下 2~3 cm,距离子宫左侧缘 2~3 cm 处进针从前向后穿过子宫肌层,然后从后向前穿过子宫侧缘动静脉丛外无血管区域出针并打结,采用同样的方法缝扎右侧。

观察组患者同时行宫颈多重缝扎术,从切口下 0.5~2 cm 处子宫下段一侧用手顶起阔韧带,1-0 可吸收线沿同侧宫颈血管外侧进针,绕宫颈侧壁至同侧后壁出针,距离进针处上方 1~2 cm 处缝第 2 针,并打结,同样的方法处理对侧。如果止血无效则在第 1 针的上方或下方进行多重缝扎。缝合完毕后宫口可容纳 1 指,检查无活动性出血后将子宫放回腹腔,常规缝合切口并关闭腹腔。对照组患者行宫腔纱布填塞,双侧子宫动脉上行支结扎术后将盐水纱布条自上而下,从左到右依次填塞宫底,宫腔,尾部置于阴道内便于术后取出,观察无活动性出血和渗血后常规缝合关腹。术后观察,24~48 h 内取出纱布,如体温超过 38.5℃ 则随时取出纱布。

1.3 观察指标

①比较两组患者的止血效果,显效:术后阴道出血消失;有效:术后阴道出血明显减少或偶有渗血;无效:术后出血无明显变化后加重。总有效率 = 显效率 + 有效率。②比较两组患者术中和术后 2 h、12 h 和 24 h 的出血量。③比较两组患者术后恢复情况,包括住院时间、恶露持续时间、月经恢复时间、月经量和子宫复旧情况。④比较两组患者的并发症的发生情况。

1.4 统计学分析

使用 SPSS16.0 对采集的数据进行统计学分析,计数资料以率(%)的形式表示,组间比较采用卡方检验,计量资料以($\bar{x} \pm s$)的形式表示,组间比较采用 t 检验,以 $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 两组患者止血效果的比较

治疗后,观察组患者的止血有效率显著高于对照组($P < 0.05$),具体数据如表 1 所示。

表 1 两组患者止血有效率的对比[例(%)]

Table 1 Comparison of the hemostatic efficiency between two groups[n(%)]

Groups	Cases	Obvious effect	Effective	Invalid	Effective rate
Control group	35	15(42.86)	11(31.43)	9(25.71)	26(74.29)
Observation group	35	21(60.00)	12(34.29)	2(5.71)	33(94.29)
χ^2	-	-	-	-	5.285
P	-	-	-	-	0.022

2.2 两组患者的术中和术后出血量的比较

观察组患者术中和术后 2 h、12 h 和 24 h 的出血量显著低于对照组($P < 0.05$),具体数据如表 2 所示。

2.3 两组患者的术后恢复情况的比较

两组患者月经量和子宫复旧情况相比无统计学差异($P > 0.05$),观察组患者住院时间、恶露持续时间、月经恢复时间均显著短于对照组($P < 0.05$),具体数据如表 3 所示。

2.4 两组患者并发症发生情况的比较

两组患者不良反应发生率相比无统计学差异($P > 0.05$),具体数据如表 4 所示。

3 讨论

产程过长是导致难治性产后出血的高危因素,可引起子宫过度收缩,回缩不良,胎盘剥离面血管出血后难以通过子宫回

缩,肌层收缩的作用压迫出血^[15,16]。一般的止血方法效果不理想,术后容易出现再次出血,甚至再次手术切除子宫的风险,严重影响患者的生命健康和生活质量^[17-19]。子宫的血液供应主要来源于卵巢和子宫动脉,其中 80%来自子宫动脉,髂内动脉前干发出的子宫动脉,于腹膜后沿骨盆侧壁前行,穿过阔韧带及宫旁组织后抵达宫颈外侧,横跨输尿管至子宫侧缘并分为上行

支和下行支^[20,21]。上行支较粗,于阔韧带内沿宫体侧缘上行,供应子宫、部分卵巢和输卵管组织,而下行支主要对子宫下段供血^[22,23]。有研究显示^[24]对产妇子宫上行支进行缝扎可减少子宫对肌层的供血,成功率为 83%。但单一的止血方法很难达到理想的效果。因此,本研究主要探讨了宫颈多重缝扎术联合子宫上行支进行缝扎治疗难治性产后出血的临床效果及安全性。

表 2 两组患者的术中和术后出血量比较($\bar{x} \pm s$, mL)Table 2 Comparison of the intraoperative and postoperative blood loss between two groups($\bar{x} \pm s$, mL)

Groups	Cases	During surgery	2 hours after surgery	12 hours after surgery	24 hours after surgery
Control group	35	1325.31± 354.85	46.58± 11.52	141.85± 31.22	263.87± 51.28
Observation group	35	1023.61± 310.57	32.16± 8.67	102.38± 25.69	215.84± 47.51
t	-	3.785	5.917	5.775	4.065
P	-	<0.001	<0.001	<0.001	<0.001

表 3 两组患者的术后恢复情况的比较

Table 3 Comparison of the postoperative recovery between two groups

Groups	Cases	Hospital stays(d)	Duration of lochia (d)	Menstrual recovery Time(month)	Menstrual blood volume(mL)	Uterine involution (n)
Control group	35	10.25± 2.56	30.17± 8.56	8.32± 2.01	96.35± 12.54	32(91.43)
Observation group	35	7.04± 1.75	35.84± 9.64	7.25± 1.54	98.57± 15.32	34(97.14)
t/ χ^2	-	6.124	-2.602	2.500	-6.663	1.061
P	-	<0.001	0.011	0.015	0.510	0.614

表 4 两组患者并发症发生情况比较[例(%)]

Table 4 Comparison of the incidence of complications between two groups[n(%)]

Groups	Cases	Fever	Infected	Anemia	Disruption of wound	Total complications
Control group	35	2(5.71)	4(11.43)	1(2.86)	1(2.86)	8(22.86)
Observation group	35	1(2.86)	1(2.86)	1(2.86)	0(0.00)	3(8.57)
χ^2	-	-	-	-	-	2.696
P	-	-	-	-	-	0.101

宫腔填塞是临床应用比较广泛的一种止血方法,通过纱布条压迫进行止血,操作简单便捷,对手术医师的操作要求不高^[25-27]。但耗时较长,填塞如有空隙有可能出现宫腔内血液积聚而不易于渗出,不利于病情的观察。此外,纱布填塞时间较长可能增加感染的风险并延长子宫恢复时间和住院时间,不利于术后恢复^[28,29]。宫颈多重缝扎术通过缝扎加强了子宫肌纤维的收缩能力,压迫内部子宫血管促进出血凝血的形成,加速止血及减少出血量。该方法可有效控制出血,且不会影响患者的整体血运,避免了子宫切除的风险^[30,31]。本研究结果表明宫颈多重缝扎术联合子宫上行支缝扎止血效果优于宫腔纱布填塞联合子宫上行支缝扎,这可能与子宫多重缝扎术可通过压迫子宫促进出血凝血的形成有关,可从根源上进行止血。此外,宫颈多重缝扎术联合子宫上行支缝扎患者住院时间、恶露持续时间和月经恢复时间均显著短于宫腔纱布填塞联合子宫上行支缝扎患者,提示宫颈多重缝扎术联合子宫上行支缝扎患者的术后恢复快。这可能与该联合手术方法较好的止血效果,且发生感染

的风险较低有关,利于患者的恢复。在并发症方面,宫腔纱布填塞联合子宫上行支缝扎患者中有 4 例发生感染,2 例发热,而宫颈多重缝扎术联合子宫上行支缝扎患者中有 1 例发生感染,1 例发热,虽然没有统计学差异,但对照组感染和发热的发生率高于观察组,这可能与纱布填塞易诱发感染有关。总体上,两种方法的安全性相当。

综上所述,宫颈多重缝扎术联合子宫动脉上行支结扎可显著降低术中和术后出血量,止血效果较好,可促进患者术后恢复,且不增加并发症的发生率。

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