

腹腔镜子宫切除术的临床效果及应用价值研究

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摘要 目的 探讨腹腔镜子宫切除术的临床效果和应用价值。方法 将 720 例因子宫病变有子宫切除指征患者随机分成腹腔镜组和开腹组,并按照腹腔镜手术指征选择 4 种不同的手术方式,对比腹腔镜子宫次全切除术、腹腔镜筋膜内子宫切除术、腹腔镜辅助阴式子宫切除术、全腹腔镜子宫切除术和开腹组间手术成功率、并发症发生率、术中及恢复情况和全身炎症反应综合症方面的差异。结果 腹腔镜四组手术成功率都在 95%以上,远大于开腹组手术成功率(87.4%)($P<0.05$)。腹腔镜四组并发症发生率远小于开腹组($P<0.05$)。腹腔镜四组在手术成功率和并发症发生率方面差异无统计学意义($P>0.05$)。腹腔镜四组在手术时间、术中出血量、住院天数及住院费用方面均低于开腹组($P<0.05$)。而腹腔镜四组间比较差异均无统计学意义($P>0.05$)。腹腔镜四组全身炎症反应综合症发生率和持续时间均低于开腹组($P<0.05$) ,而腹腔镜四组间比较差异则无统计学意义($P>0.05$)。结论 腹腔镜子宫切除术临床效果较好,安全有效,创伤小,费用低,适合符合手术指征的患者应用。

关键词 腹腔镜子宫切除术 全身炎症反应综合症 临床效果

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The Clinical Effectiveness and Value of Laparoscopic Hysterectomy

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ABSTRACT Objective: To investigate the clinical effectiveness and value of laparoscopic hysterectomy. **Methods:** 720 cases of uterine disease with hysterectomy indications were divided into laparoscopic group and laparotomy group, and four kinds of different methods were used according to indications in laparoscopic surgery. Compare the surgical success rate, complication rate, intraoperative and recovery situations and differences in the systemic inflammatory response syndrome between the groups of Laparoscopic Supracervical hysterectomy(LSH), Classical Intrafascial Supracervical Hysterectomy(CISH), Laparoscopic assisted vaginal hysterectomy (LAVH), total aparoscopic hysterectomy (TAH) and laparotomy hysterectomy. **Results:** The success rate in four laparoscopic surgical groups were all more than 95%, much higher than the success rate of laparotomy group (87.4%) ($P<0.05$). The complication rate in four laparoscopic groups were far less than the laparotomy group ($P<0.05$). There was no significant difference in surgical success rate and complication rate between the four laparoscopic groups ($P>0.05$). The operation time, blood loss, hospital stay and hospital costs in four laparoscopic groups were also lower than the laparotomy group ($P<0.05$). But the four laparoscopy groups showed no significant difference with each other ($P>0.05$). The incidence and duration of systemic inflammatory response syndrome in four laparoscopic groups were lower than in laparotomy group ($P<0.05$), while there was no statistical difference between the four laparoscopic groups ($P>0.05$). **Conclusions:** Laparoscopic hysterectomy is clinical effective, safe and effective, minimally invasive, and with low cost, so it is suitable for patients with the surgical indications.

Key words: Laparoscopic hysterectomy surgery; Systemic inflammatory response syndrome; Clinical effects

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前言

子宫切除术是治疗妇科良性疾病的常见手术之一,适用于功能性子宫出血、子宫肌瘤、子宫脱垂、子宫内膜异位症、盆腔疼痛、癌前期病变和早期子宫恶性肿瘤。近年来,随着腹腔镜技术的发展,腹腔镜子宫切除术已成为国内妇科良性疾病的首选术式^[1-3]。腹腔镜下子宫切除术的方法有 4 种:腹腔镜子宫次全切除术(laparoscopic supracervical hysterectomy, LSH)、腹腔镜筋膜内子宫切除术(classic intrafascial supracervical hysterectomy,

CISH)、腹腔镜辅助阴式子宫切除术(laparoscopic assisted vaginal hysterectomy, LAVH)、全腹腔镜子宫切除术(total laparoscopic hysterectomy, TLH)^[4]。腹腔镜手术具有安全有效、出血少、疼痛轻、恢复快、腹部美容效果好、适应证广泛、节省医疗开支等优点^[5],具有开腹手术无法比拟的优越性,因为被广泛使用。我院自 2004 年 6 月至 2011 年 6 月施行腹腔镜子宫切除术 720 例,取得了良好的效果,现报道如下。

1 资料与方法

1.1 一般资料与分组

2004 年 6 月至 2011 年 6 月,来我院妇产科住院的子宫良性疾病患者 720 例,其中 LSH 组 142 例,平均年龄(42.3±8.6)岁,CISH 组 178 例,平均年龄(46.6±4.8)岁,LAVH 组:

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151例,平均年龄(36.2 ± 2.9)岁。LTH组:130例,平均年龄(35.4 ± 3.9)岁;开腹组:119例,平均年龄(44.3 ± 3.5)岁,子宫增大如孕6~10周293例,孕10~12周251例,大于12孕周176例,子宫肌瘤480例,子宫腺肌病215例,功血32例,宫颈CIN Ⅱ级2例。五组患者在年龄、子宫大小及疾病类型等方面差别无统计学意义, $P > 0.05$ 。

1.2 手术方法

五组患者分别采用:腹腔镜辅助阴式子宫切除术(LAVH)、腹腔镜子宫次全切除术(LSH)、腹腔镜筋膜内子宫切除术(CISH)、全腹腔镜子宫切除术(TLH)等相应的手术方法参照相关文献^[4]。

1.3 手术适应症

各组患者分别符合如下要求:LSH选择年龄<45岁,宫颈光滑、要求保留宫颈者。CISH选择年龄45~50岁,子宫增大不超过孕12周者。LAVH选择年龄 ≥ 50 岁,要求切除宫颈的患者。TLH选择子宫增大<孕10周,宫颈上皮内瘤变Ⅰ~Ⅱ级或复杂型子宫内膜增生。

1.4 全身炎症反应综合征(SIRS)评定标准

全身炎症反应情况参照美国胸科医师学会和危重病医学会SIRS评定标准进行^[5],即符合以下2项或2项以上者可诊断为SIRS:①体温 $>38.0^{\circ}\text{C}$ 或 $<36.0^{\circ}\text{C}$;②心率 >90 次/min;③呼吸频率 >20 次/min或 $\text{PaCO}_2 < 32\text{mmHg}$;④WBC计数 $>1.2 \times 10^9/\text{L}$ 或 $<0.4 \times 10^9/\text{L}$ 或未成熟粒细胞 $>10\%$ 。

1.5 统计学分析

采用SPSS17.0统计软件对资料进行统计分析,计量资料均用均数 \pm 标准差($\bar{X} \pm S$)表示,组间比较采用F检验。组间比较用 χ^2 检验, $P \leq 0.05$ 表示组间比较差异有统计学意义。

2 结果

2.1 五组患者手术结局情况

从表1可以获知:腹腔镜四组手术成功率都在95%以上,远大于开腹组手术成功率(87.4%),差异有统计学意义($P < 0.05$)。并发症发生率方面,腹腔镜四组并发症发生率远小于开腹组($P < 0.05$)。腹腔镜四组在手术成功率和并发症发生率方面差异无统计学意义($P > 0.05$)。

表1 五组患者手术结局比较

Table 1 The comparison of surgical outcomes of five groups

Items	LSH group	CISH group	LAVH group	TLH group#	Laparotomy hysterectomy*
Successful rate(%)	139(97.9)	176(98.8)	149(98.8)	126(96.9)	104(87.4)
Incidence of complications(%)	3(2.1)	2(1.2)	2(1.2)	4(3.1)	15(12.6)

Note: # indicates comparison between 4 laparoscopic hysterectomy groups, $P < 0.05$; * indicates comparison between laparoscopic hysterectomy groups and Laparotomy group, $P < 0.05$

2.2 五组患者术中及恢复情况

从表2可以获知:腹腔镜四组在手术时间、术中出血量、住

院天数及住院费用方面均低于开腹组($P < 0.05$)。而腹腔镜四组间比较差异均无统计学意义($P > 0.05$)。

表2 各组患者术中及恢复情况比较

Table 2 The surgery and recovery of five groups

Items	LSH group	CISH group	LAVH group	TLH group #	Laparotomy group *
Operation time (min)	86.1 \pm 19.3	85.9 \pm 20.2	87.0 \pm 18.9	87.3 \pm 19.2	112.2 \pm 23.5
Blood loss(ml)	36.5 \pm 13.2	41.3 \pm 18.6	38.7 \pm 19.1	44.2 \pm 16.5	104.4 \pm 25.7
Hospital stay(d)	5.1 \pm 0.8	4.9 \pm 0.7	5.0 \pm 0.7	4.8 \pm 0.9	9.4 \pm 1.1
Cost(yuan)	8564.5 \pm 423.4	7986.3 \pm 411.8	8231.6 \pm 398.5	8356.2 \pm 402.6	11463.5 \pm 611.3

Note: # indicates comparison between 4 laparoscopic hysterectomy groups, $P < 0.05$; * indicates comparison between laparoscopic hysterectomy groups and Laparotomy group, $P < 0.05$

表3 五组患者全身炎症反应综合征发生情况比较

Table 3 The comparison of systemic inflammatory response syndrome in five groups

Items	LSH group	CISH group	LAVH group	TLH group#	Laparotomy group *
Incidence(%)	23(16.2)	28(15.7)	25(16.6)	23(17.7)	41(34.5)
Duration(d)	1.8 \pm 0.9	1.9 \pm 0.7	1.5 \pm 0.5	1.6 \pm 0.7	3.2 \pm 1.1

Note: # indicates comparison between 4 laparoscopic hysterectomy groups, $P < 0.05$; * indicates comparison between laparoscopic hysterectomy groups and Laparotomy group, $P < 0.05$

2.3 五组患者全身炎症反应综合征(SIRS)情况

从表3可以获知 腹腔镜四组全身炎症反应综合征发生率和持续时间均低于开腹组($P<0.05$) ,而腹腔镜四组间比较差异则无统计学意义($P>0.05$)。

3 讨论

近年来 随着腹腔镜技术的发展 ,各种腹腔镜下子宫切除术包括 LSH、CISH、LAVH、TLH 等相继出现。腹腔镜子宫切除术具有创伤小、恢复快、住院时间短等优点 ,已被国内外学者广泛应用和推广^[6-7]。本研究通过对 720 例子宫良性疾病患者的临床分析 ,旨在探讨四种改进的腹腔镜子宫切除术的临床效果和应用价值 ,对子宫良性疾病的治疗具有重要的临床指导和借鉴意义。

腹腔镜子宫切除术由于保持了阴道、韧带的完整性 ,保护了盆底的承托力 ,术后不影响患者性生活 ,有利于提高患者的生活质量。LSH 保留了宫颈正常结构及生理功能 ,同时保留了宫颈的分泌功能 ,因而具有创伤小、出血少、恢复快、并发症少的特点^[8-10]。CISH 由于旋切子宫颈管 ,去除了宫颈癌的好发部位 ,可预防宫颈残端癌的发生。LAVH、TLH 在腹腔镜下分离粘连 ,切除附件及子宫内膜异位病灶等 ,使手术更加安全。众多研究表明 腹腔镜子宫切除术治疗子宫良性疾病效果较好^[11]。本研究结果显示 ,腹腔镜四组手术成功率都在 95%以上 ,远大于开腹组手术成功率(87.4%) ,并发症发生率远小于开腹组($P<0.05$) ,腹腔镜四组在手术成功率和并发症发生率方面差异无统计学意义($P>0.05$) ,说明腹腔镜子宫切除术安全有效。

从手术时间、术中出血量、住院天数和住院费用等各项指标来看 ,腹腔镜子宫切除术时间短、创伤小、出血少、恢复快 ,而且费用低。有资料报道^[12] ,有经验的内镜医生行腹腔镜子宫切除术并不增加手术时间 ,术中出血量也不多于开腹手术。本研究中我们需行腹腔镜子宫切除术时 ,综合考虑疾病因素、患者状况和技能经验 ,严格掌握手术适应证 ,术后结果显示 腹腔镜四组在手术时间、术中出血量、住院天数及住院费用方面均低于开腹组($P<0.05$) ,而腹腔镜四组间比较差异均无统计学意义($P>0.05$) ,这说明腹腔镜子宫切除术临床效果确切 ,能明显缩短患者住院时间 ,降低医疗费用。

全身炎症反应综合征 (SIRS) 机体对各种创伤产生的一种非特异性全身性炎症反应 ,手术创伤导致机体释放炎性介质和细胞因子 ,并作用于靶细胞、靶器官 ,发生 SIRS ,严重者甚至会导致多器官功能障碍 ,其作为评价手术创伤程度的指标开始为人们所接受^[13]。SIRS 的严重程度和持续时间与创伤的严重程度存在显著相关性^[14]。腹腔镜组病人 SIRS 发生率较传统的开腹手术组低 ,且 SIRS 持续时间短 ,其结论与相关研究^[13,15]结果一致。

综上所述 腹腔镜子宫切除术临床效果较好 ,安全有效 ,创伤小 ,费用低 ,适合符合手术指征的患者应用 ,值得参考。

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