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缩宫素联合 B-Lynch 缝扎术治疗产后出血的临床疗效分析

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摘要 目的:观察缩宫素联合 B-Lynch 缝扎术治疗产后出血的临床效果和安全性。**方法:**将 2011 年 7 月至 2012 年 9 月在我院接受治疗的 120 例患者随机分成两组,对照组接受传统综合治疗,治疗组接受缩宫素联合 B-Lynch 缝扎术治疗,比较两组术中、术后 12h 以及术后 24h 出血量、输血人数、住院天数,子宫切除人数;比较两组术后并发症,同时观察两组患者术后血清性激素水平,了解不同术式对卵巢功能的影响。**结果:**治疗组术中、术后 12h 以及术后 24h 出血量均少于对照组,差异有显著性($P<0.05$);治疗组和对照组输血人数、住院天数,子宫切除人数相比,无统计学差异($P>0.05$);治疗组受试者严重贫血、术后发热、产后出血的人数少于对照组,差异有统计学意义($P<0.05$);两组刀口愈合不良人数差异无显著性($P>0.05$);两组患者术后血清性激素水平相比较无统计学差异($P>0.05$)。**结论:**缩宫素联合 B-Lynch 缝扎术治疗产后出血安全可靠,疗效确切。

关键词:缩宫素;B-Lynch 缝扎术;产后出血

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Analysis on the Clinical Effect of the Pitocin Combined with B-Lynch Suture on Postpartum Hemorrhage

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ABSTRACT Objective: To explore the clinical effect and safety of pitocin combined with B-Lynch suture in treating postpartum hemorrhage. **Methods:** 120 patients treated in our hospital between July 2011 and September 2012 were divided randomly into treating group and control group. The control group was treated with traditional comprehensive treatment, while the treating group was treated with pitocin combined with B-Lynch suture. Compared the amount of bleeding, transfusion, hospital stays and hysterectomy between two groups; And compared the complication after operation and observe the serum sexual hormone levels post-surgery 12 months to know the influence of different operative methods on ovarian function. **Results:** The amount of bleeding during surgery, post-surgery 12h, post-surgery 24h were less in treating group than that in control group, and the difference was of statistical significance ($P<0.05$). There was no statistical meaning to compare the transfusion, hospital stays and numbers of hysterectomy between two groups ($P>0.05$). There were less patients with severe anemia, postoperative pyrexia, or bleeding in treating group than in control group ($P<0.05$). Yet there was no statistical difference in bad cicatrization cases and serum sexual hormone levels between two groups ($P>0.05$). **Conclusions:** Pitocin combined with B-Lynch was effective and convincing in the treatment of postpartum hemorrhage.

Key words: Pitocin; B-Lynch suture; Postpartum hemorrhage

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前言

根据世界卫生组织(WHO)的定义,产后出血(PostPartum hemorrhage, PPH) 是指在胎儿娩出后 24 小时内生殖道出血超过 500ml,是分娩期严重的并发症,是我国产妇死亡的主要原因^[1],在美国和其他工业化国家,产后出血是产妇死亡最常见的病因之一^[2-4]。子宫过于松弛或者由于长期筋疲力尽而导致子宫收缩乏力、胎盘因素、凝血功能障碍以及软产道受伤都可以引起产后出血,其中子宫收缩乏力是产后出血的首要原因,占产

后出血总数的 70%~80%^[5,6],子宫收缩乏力的主要原因^[7,8]:妊娠并发症可引起子宫肌纤维过度伸展而影响了子宫的恢复;产妇精神紧张,产程过长;子宫肌肉的过度松弛以及子宫对缩宫素的敏感性差。因此做好产后出血的预防和救治是降低产妇病死率和提高产科工作质量的一项重要内容。目前产后出血的常规处理方法有药物治疗、手术治疗和按摩子宫^[9,10],B-Lynch 缝扎术是英国 Milfon Keynes 医院首先报道的一种控制产后出血的外科缝线方法^[11],临床已经证实该方法在治疗产后严重子宫收缩乏力性大有明显效果^[12,13]。本研究对 60 例产后出血患者应用缩宫素联合 B-Lynch 缝扎术治疗取得较好的临床疗效,现将结果报告如下。

1 资料与方法

1.1 一般资料

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选择 2011 年 7 月至 2012 年 9 月在我院进行治疗的 120 例产妇。所有患者随机分成两组:治疗组 60 例,年龄 22~38 岁,平均年龄(28.2± 4.1)岁,孕次 1~4 岁,平均孕次(2± 0.3)次,孕周 34.5~40w,平均孕周(38.9± 1.1)w,其中初产妇 41 例,经产妇 19 例,出血原因:子宫收缩乏力 35 例,胎盘植入 10 例,胎盘粘连 15 例;对照组 60 例,年龄 23~39 岁,平均年龄(28.8±

4.4)岁,孕次 1~3 岁,平均孕次(2± 0.6)次,孕周 35~40.4w,平均孕周(39.2± 0.9)w,其中初产妇 39 例,经产妇 21 例,出血原因:子宫收缩乏力 33 例,胎盘植入 9 例,胎盘粘连 18 例。两组患者年龄、孕次、孕周、经、初产妇例数以及出血原因等指标相互比较无统计学差异(P>0.05),具有可比性。见表 1。

表 1 两组患者基本临床资料比较($\bar{x} \pm s$)

Table1 Comparison of the basic clinical data of the patients between two groups($\bar{x} \pm s$)

Group	Case(n)	Age(y)	Gravidity	Gestational weeks	Puerpera	
					Primipara	multipara
Treating group	60	28.2± 4.1	2± 0.3	38.9± 1.1	41	19
Control group	60	28.8± 4.4	2± 0.6	39.2± 0.9	39	21

1.2 临床治疗方法

对照组产妇胎儿和附属物娩出后,20 单位缩宫素肌内注射,同时静脉滴注缩宫素 20 单位,且给予前列腺素类药物卡前列素氨丁三醇 0.25 mg 深部肌肉注射。胎儿娩出后,观察产妇 15~20 min,确定产妇没有出血后拉动脐带,做子宫按摩。剖宫产后给予缩宫素 20 单位静脉滴注促子宫收缩治疗。治疗组在对照组治疗手段的基础上加用 B-Lynch 手术。B-Lynch 手术步骤主要如下:两手加压子宫体,估计 B-Lynch 缝合术潜在的成功机会。用 70 mm 圆针,1-0 号可吸收线在切口下缘距子宫右侧边缘 3 cm 处进针,经宫腔至切口上缘上方 3~4 cm 出针,将缝合线拉出宫腔,在子宫体表面拉紧肠线,肠线由宫底垂直绕向子宫后壁,与前壁相应部位进针入宫腔,向左侧子宫后壁穿出,将肠线垂直通过宫底绕至子宫前壁;助手压迫子宫体,术者抽紧肠线后打结并缝合子宫。

1.3 观察指标

(1) 临床疗效①有效:子宫逐渐收缩,出血停止,产妇生命体征平稳,尿量正常;②无效:子宫收缩减弱或者不收缩,继续出血,生命体征恶化,尿量 <30 mL/h 或无尿;(2)记录术中及产

后出血量、输血人数、子宫切除人数以及住院时间,术中出血量采用重法:将特制的会阴垫放置于臀下收集血液,称重,然后减去特制的会阴垫本身的重量,按血液比重 1.05 g 换算为 1 mL 计算即为阴道出血量;(3)抽血检查血清性激素水平。

1.4 统计学处理

所有实验数据均采用 SPSS 18.0 统计软件进行统计分析和处理,所有数据以均数± 标准差($\bar{x} \pm s$)表示,计量资料采用 t 检验,计数资料采用 χ^2 检验,以 P<0.05 为差异有统计学意义的标准。

2 结果

2.1 两组患者各个临床指标的比较

治疗组术中、术后 12 h 以及术后 24 h 出血量均少于对照组,差异有统计学意义(P<0.05)(见表 2)。治疗组和对对照组输血人数、住院天数,子宫切除人数相比,无统计学差异(P>0.05)(见表 2)。

2.2 两组患者术后血清性激素水平的比较

两组患者术后 4 个月、8 个月、12 个月的血清性激素水平相互比较,差异无统计学意义(P>0.05)(见表 3)。

表 2 两组患者各个临床指标的比较

Table2 Comparison of the clinical indexes between two groups

Group	Case(n)	Amount of bleeding(ml)			Transfusion [n/%]	Hospital stays (day)	Uterectomy [n/%]
		During surgery	Post- surgery 12h	Post- surgery 24h			
Treating group	60	321± 134*	457± 166*	565± 175*	4(6.7%)	5.3± 1.4	0(0%)
Control group	60	562± 176	742± 205	886± 228	10(16.7%)	6.1± 1.7	7(11.7%)

Note:*P<0.05 vs. the control group.

表 3 两组患者术后血清性激素水平比较比较($\bar{x} \pm s$)

Table 3 Comparison of the serum sexual hormone levels between two groups($\bar{x} \pm s$)

Time point	E2(pg/ml)		FSH(U/L)		LH(U/L)	
	Treating group	Control group	Treating group	Control group	Treating group	Control group
post-surgery 4 months	65.4± 12.7	63.3± 10.8	9.7± 1.8	11.2± 2.3	7.1± 1.5	6.6± 1.3
post-surgery 8 months	64.2± 10.5	64.2± 11.7	9.8± 1.6	10.8± 2.1	7.3± 1.2	6.8± 1.4
post-surgery 12 months	65.1± 11.9	63.7± 9.7	9.6± 1.4	10.1± 1.7	7.2± 1.0	6.7± 1.3

Note:*P<0.05 vs. the control group.

2.3 两组患者术后并发症的比较

通过电话和门诊进行为期 1 年的随访,无失访患者,两组受试者严重贫血、术后发热、产后出血的人数差异有统计学意

义($P<0.05$);两组刀口愈合不良人数差异无显著性($P>0.05$)(见表 4)。

表 4 两组患者术后并发症比较[n/%]

Table 4 Comparison of the complication after operation between two groups[n/%]

Group	Case	Severe anemia	Bad cicatrization	Ostoperative pyrexia	Bleeding
Treating group	60	3#(5%)	2(3.3)	0#(0%)	0#(0%)
Control group	60	12(20%)	7(11.7)	13(21.7%)	6(10%)

Note: # $P<0.05$ vs. the control group.

3 讨论

B-Lynch 子宫缝线术是英国 Milfon Keynes 医院于 1993 年首次报道的一种子宫压缩缝合术控制产后出血的方法^[4], B-Lynch 缝线术操作简便、快速而有效,其止血机制是在子宫前后壁缝线机械性纵向加压子宫,有效挤压子宫弓形血管,使子宫关闭胎盘剥离面血窦,盆腔动脉搏动压降低,减少子宫出血从而达到子宫止血的目的^[15-18],且医用可吸收缝合线缝合子宫不会造异物残留的并发症,对卵巢和子宫的血供影响不大。B-Lynch 缝合术相对于剖宫产术更广泛运用于子宫收缩乏力、凝血功能障碍、胎盘粘连、前置胎盘等引起的产后出血以及晚期产后出血^[19-22]。

本次临床研究结果显示缩宫素联合 B-Lynch 缝合术较常规传统治疗产后出血的方法在减少术中出血、术后 12h 以及术后 24h 的血流量更明显($P<0.05$);在并发症方面治疗组受试者严重贫血、术后发热、产后出血的人数显著少于对照组($P<0.05$);这表明缩宫素联合 B-Lynch 缝合术可有效防治产妇产后出血发生,减少术中及术后出血量,降低感染。在研究过程中发现缩宫素联合 B-Lynch 缝合术较常规传统治疗在输血例数、刀口愈合不良例数以及子宫切除例数没有统计学差异 ($P>0.05$),这可能是由于选入的样本量不是足够大,代表性不够。本次研究为探讨 B-Lynch 缝合术对术后卵巢功能有无影响,因此术后 4 个月、8 个月、1 年进行检测血清性激素水平,结果表明两种不同治疗手段的术后血清性激素水平差异无显著性 ($P>0.05$),实验结果与李苗等^[23]报道的相一致,这可能是手术缝线为可吸收线,可自行吸收脱落,因而对卵巢和子宫的血供影响较小。在 B-Lynch 缝合术操作中要注意子宫后壁的进出针部位与子宫下段前壁的切口部位应在同一水平,缝合要穿透全层;缝合完毕后拉线时用力宜均匀、适度,打结时拉线不宜过紧,避免影响血液供应和疗效;缝合结扎完毕后须观察阴道流血量、尿量以及子宫颜色。总之,缩宫素联合 B-Lynch 缝合术治疗产后出血如果应用合理、操作规范,则能有效减少出血量,提高治疗产后出血的成功率,降低并发症的发生率。

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