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腹腔镜手术治疗急性粘连性肠梗阻的临床效果分析*

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摘要 目的:探讨腹腔镜手术处理急性粘连性肠梗阻的临床效果,为普外科手术提供参考。**方法:**选取 2012 年 2 月-2013 年 3 月我院收治的 74 例急性粘连性肠梗阻患者的临床资料进行回顾分析。根据手术方式不同,将病例分为对照组和腹腔镜组,每组 37 例,对照组实施开腹手术,腹腔镜组行微创治疗。观察并比较两组患者的术中出血量、手术时间、下床活动时间、肠蠕动恢复时间、住院时间、复发率及术后并发症等。**结果:**腹腔镜组手术时间为(67.82± 9.57) min,术中出血量为(296.48± 33.24) mL,肠蠕动恢复时间为(11.12± 1.33) d,下床活动时间为(6.05± 1.85) d,住院时间为(8.44± 1.63) d,复发率为 10.81%,并发症发生率为 13.51%;对照组手术时间为(88.16± 8.94) min,术中出血量为(482.32± 24.21) mL,肠蠕动恢复时间为(18.18± 1.09) d,下床活动时间为(8.47± 1.23) d,住院时间为(11.28± 1.91) d,复发率为 19.44%,并发症发生率为 30.55%;腹腔镜组各项指标均优于对照组,差异显著具有统计学意义($P<0.05$)。**结论:**腹腔镜手术用于治疗急性粘连性肠梗阻具有手术时间短、出血少及并发症发生率低等优势,效果显著值得临床推广。

关键词:急性粘连性肠梗阻;腹腔镜手术;临床效果

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Clinical Effects of Laparoscope Surgery on the Treatment of the Adhesive Intestinal Obstruction*

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ABSTRACT Objective: To explore the clinical efficacy of the laparoscope surgery on the treatment of the adhesive intestinal obstruction so as to make a reference to the clinical surgery. **Methods:** A retrospective analysis was performed about the clinical data of 74 patients with adhesive intestinal obstruction who were treated in our hospital from February 2012 to March 2013. According to the different operation methods, the selected patients were divided into the control group and the laparoscopic group with 37 cases in each one. The patients in the control group were received the open surgery while the patients in the laparoscopic group were treated by the laparoscope. Then the operation time, the blood loss, the time of intestinal recovery, the rate of recurrence, the incidence of complications and the hospitalization of patients were compared and analyzed. **Results:** In the laparoscopic group, the operation time was (67.82± 9.57) min, the blood loss was (296.48± 33.24) mL, the rate of recurrence was 10.81%, the incidence of complications was 13.51%; In the control group, the operation time was (88.16± 8.94) min, the blood loss was (482.32± 24.21) mL, the rate of recurrence was 19.44%, the incidence of complications was 30.55%. The clinical indicators of the laparoscopic group were significantly better than those of the control group with statistically differences ($P<0.05$). **Conclusions:** The laparoscope surgery is worthy of promoting to treat the adhesive intestinal obstruction with the advantages of obvious clinical efficacy, shorter time and lower incidence of complications.

Key words: Adhesive intestinal obstruction; Laparoscope surgery; Clinical efficacy

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前言

急性粘连性肠梗阻(Adhesive Intestinal Obstruction)是指腹腔内肠粘连或肠内容物运行不畅而引起的腹胀、腹痛、恶心呕吐及排便障碍等一系列临床表现的腹部急症,多为单纯性肠梗阻,也有少数为绞窄性肠梗阻^[1-3]。虽然,部分急性粘连性肠梗阻

患者的病情可通过保守治疗得到缓解,但大多数病情反复发作、保守治疗未得到显著效果而需要进行手术治疗^[4-6]。因此,选择一种合理的手术方案是提高急性粘连性肠梗阻患者术后生存质量的关键。传统的开腹手术创伤大、术后并发症多,不利于患者恢复^[7]。随着腹腔镜技术被广泛应用于临床并取得显著的效果,该技术以其手术创伤小、手术时间短及术后恢复快等优

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势逐渐成为临床手术的首选方法^[8]。本研究采用回顾性分析的方法对急性粘连性肠梗阻患者的临床资料进行整理,探讨腹腔镜手术对该急症的临床疗效,为普外科手术提供可借鉴的方法。

1 资料与方法

1.1 一般资料

选择我院 2012 年 2 月 -2013 年 3 月收治的 74 例急性粘连性肠梗阻患者的临床资料进行回顾分析,其中男 39 例,女 35 例,年龄 32-76 岁,平均(37.1±2.8)岁。根据手术方式不同,将患者分为对照组和腹腔镜组,每组 37 例。对照组:男 26 例,女 11 例;年龄 33-72 岁,平均(34.2±1.6)岁;病程 4-36 个月;粘连程度:Ⅰ级 11 例,Ⅱ级 17 例,Ⅲ级 9 例。腹腔镜组:男 29 例,女 8 例;年龄 31-78 岁,平均(33.5±2.4)岁;病程 7-48 个月;粘连程度:Ⅰ级 14 例,Ⅱ级 16 例,Ⅲ级 7 例。两组患者的性别、年龄等一般资料无明显差异($P>0.05$),具有可比性。

1.2 纳入及排除标准

纳入标准:单纯粘连性肠梗阻;腹部可见肠型和蠕动波;腹胀、恶心呕吐等反复发作,排气排便异常;保守治疗无缓解。排除标准:严重腹水、腹胀;腹腔病灶广泛转移;严重心肺功能不全、心血管疾病;中晚期妊娠的患者;并发急性腹膜炎、肠坏死的患者。

1.3 手术方法

腹腔镜组:患者取仰卧位,气管插管麻醉,于脐下 5-6 cm 处穿刺,置入 10 mm Trocar,建立气腹压 12 mmHg,选择 2-4 个 12 mm Trocar 操作孔,应用腹腔镜探查盆腔、腹腔、结肠、小肠等,明确粘连带的位置及面积后再行切除术。对于腹腔粘连严重的患者行肠排列术,对于腹壁和肠管粘连的患者用无损伤钳将粘连带牵离腹壁行锐性分离,对于小肠与腹壁粘连的患者使用超声刀分离,对于束带粘连致小肠梗阻者行镜下切除。

对照组:采用传统开腹手术治疗,经右侧腹直肌切开,明确梗阻部位后进行松解术,术毕视患者时间情况而决定是否留置引流管。

1.4 观察指标

观察两组患者的手术时间、术中出血量、肠蠕动恢复时间、下床活动时间、粘连复发率、术后并发症的发生率及住院时间等。

1.5 统计学处理

采用 SPSS17.0 软件进行统计分析,组间数据比较采用 χ^2 检验,计量资料采用 t 检验,计数资料采用均数±标准差表示,以 $P<0.05$ 为差异具有统计学意义。

2 结果

2.1 两组手术的基本情况比较

腹腔镜组 37 例患者均顺利完成手术,无一例死亡,平均手术时间为(67.82±9.57) min,平均术中出血量为(296.48±33.24) mL。其中,8 例行粘连松解术,11 例行小肠切除术,10 例行坏死肠管切除吻合术,3 例行肠短路吻合术,5 例行小肠内固定术。对照组 37 例患者中,围术期死亡 1 例,平均手术时间为(88.16±8.94) min,平均术中出血量为(482.32±24.21) mL。腹

腔镜组的手术成功率高于对照组,平均手术时间和术中出血量低于对照组,差异显著且具有统计学意义($P<0.05$)。

2.2 两组手术的临床效果比较

腹腔镜组患者的肠蠕动恢复时间为(11.12±1.33) d,下床活动时间为(6.05±1.85) d,住院时间为(8.44±1.63) d;5 例患者术后出现并发症,并发症的发生率为 13.51%;随访中 4 例患者出现再次肠粘连的情况,复发率为 10.81%。对照组患者的肠蠕动恢复时间为(18.18±1.09) d,下床活动时间为(8.47±1.23) d,住院时间为(11.28±1.91) d;11 例患者术后出现并发症,并发症的发生率为 30.55%;随访中 7 例患者出现再次肠粘连的情况,复发率为 19.44%。腹腔镜组手术的临床效果显著优于对照组,差异具有统计学意义($P<0.05$)。见表 1。

表 1 两组患者的手术情况及效果对比

Table 1 Comparison of the operation situation and the clinical effects between two groups

分组 Groups	腹腔镜组 (n=37) Laparoscopic	对照组(n=37) Conventional
手术时间 Operation time (min)	67.82± 9.57	88.16± 8.94
术中出血量 Blood loss (ml)	296.48± 33.24	482.32± 24.21
肠蠕动恢复时间 Recovery of peristalsis (d)	11.12± 1.33	18.18± 1.09
下床活动时间 Time of moving (d)	6.05± 1.85	8.47± 1.23
粘连复发率 Rate of recurrence (%)	10.81%(4/37)	19.44%(7/36)
并发症发生率 Incidence of complications (%)	13.51%(5/37)	30.55%(11/36)
住院时间 Hospitalization (d)	8.44± 1.63	11.28± 1.91

Note: compared between two groups, $P<0.05$.

3 讨论

急性粘连性肠梗阻是指肠粘连或腹腔内粘连所引起的肠梗阻,主要由腹腔内手术炎症、创伤、出血、异物等引起^[10]。据相关研究表明,传统的开腹手术治疗急性粘连性肠梗阻,虽然可以解除粘连,但手术创面大,不利于术后恢复,手术本身可能会导致更严重的粘连发生,而且手术后的粘连复发率也较高,影响手术效果,患者术后的生存质量没有得到明显改善,这也是手术治疗急性粘连性肠梗阻较为棘手的问题之一^[12-14]。近年来,腹腔镜作为微创外科的代表,以创伤小、恢复快、治愈率高等优点被广泛应用于手术中^[15]。既往研究表明,腹腔镜手术治疗粘连性肠梗阻的效果显著,腹腔镜下手术视野广阔,能够更加准确的定位粘连带,控制术中出血量,最大程度的减少手术给患者机体造成的损伤^[16,17]。此外,腹腔镜技术创口小、术后粘连复发率低、患者胃肠道功能恢复快,不但避免了开腹手术造成的严重创伤,而且降低了术后再粘连的可能性,有利于提高患者术后生存质量^[18,19]。

结合本研究,我们发现腹腔镜组患者的手术成功率高于对照组,手术时间和术中出血量低于对照组($P<0.05$)。腹腔镜组患者的肠蠕动恢复时间和下床活动时间均早于行开腹手术的对

照组患者,且术后并发症的发生率和粘连复发率低于对照组($P<0.05$)。结果说明,腹腔镜手术用于治疗急性粘连性肠梗阻具有显著的临床效果,不仅缩短了手术时间,减少了术中出血量,降低了手术对患者腹腔的损伤,提高了手术成功率,而且降低了患者术后发生再次粘连的机率和并发症的发生率。因此,我们认为腹腔镜手术能够更好地实现手术目的、提高手术效果,值得在临床普外科手术中推广应用。

但是,腹腔镜手术治疗急性粘连性肠梗阻尚存在一定的局限性,并非所有患者均可施行,如患者腹腔内肠管扩散、出现弥漫性腹胀,则不适宜采用该方法治疗^[20]。因此,我们在今后的临床实践中应充分考虑患者的实际病情,严格遵循手术适应症,选择最佳的手术方案,从而提高手术效果,避免错判而延误患者的治疗时机。

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