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腹腔镜手术与开腹手术治疗结直肠癌的临床疗效对比分析

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摘要 目的:探讨腹腔镜手术治疗结直肠癌的临床效果,比较腹腔镜及与传统开腹术的优势,为临床研究提供可借鉴的方法。**方法:**对2008年5月至2012年7月在我院接受肠癌切除术的62例患者的临床资料进行回顾性分析,根据手术方式的不同,将患者分为腹腔镜组(33例)和开腹组(29例),分别采取腹腔镜手术和传统开腹手术治疗。比较两组患者的手术时间、出血量、术后排气时间、并发症、平均住院时间及住院费用等。**结果:**腹腔镜组患者的手术时间、术中出血量、术后排气时间、平均住院时间均明显优于开腹组患者($P<0.05$);腹腔镜组术后无并发症,开腹组11例出现并发症,差异具有统计学意义($P<0.05$);两组患者的住院费用无明显差异($P>0.05$)。**结论:**腹腔镜结直肠癌根治术具有很好的临床效果,术中出血少、术后恢复快,能够减少手术对患者机体造成的损伤,值得临床推广应用。

关键词:腹腔镜手术;结直肠癌;传统开腹手术;临床疗效

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Comparative Analysis on the Clinical Effects of Laparoscopic and Open Surgery on the Colorectal Cancer

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ABSTRACT Objective: To investigate the clinical effects of different methods for the patients with colorectal cancer and analyze the advantages of the laparoscopic surgery so as to provide a basis for clinical research and practice. **Methods:** A retrospective analysis was performed about the clinical data of 62 patients with colorectal cancer who were treated in our hospital from May 2008 to July 2012. All the selected cases were divided into the laparoscopic group and the conventional group on the basis of different methods. The patients in the two groups were treated by the laparoscopic surgery and the open surgery, respectively. Then the blood loss, the operation time, the exhaustion time, the incidence of complications, the hospitalization and the cost of patients in the two groups were compared and analyzed. **Results:** The blood loss, the operation time, the time for exhaustion and the hospitalization of patients in the laparoscopic group were obviously better than those of the patients in the conventional group with statistically significant differences ($P<0.05$). There was statistically significant difference about the incidence of postoperative complications between the two groups ($P<0.05$). There was no statistically significant difference about the cost for surgery of patients in the two groups ($P>0.05$). **Conclusions:** It is indicated that the laparoscopic surgery should be well promoted to the clinical field with the advantages of the minimally invasive trauma, less blood loss and better recovery which is suitable for the patients with colorectal cancer to make the contribution to minimizing the damages brought by the operation.

Key words: Laparoscopic surgery; Colorectal cancer; Open surgery; Clinical effects

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前言

肠癌是临床常见的恶性肿瘤之一,发病早期症状不明显,随着肿瘤体积逐渐增大,患者会出现排便异常、便血、腹泻及局部腹痛等症状,晚期则累及全身,病死率极高^[1]。随着人们生活水平的提高,饮食结构也发生着改变,结直肠癌的发病率逐年增高,在我国每年新发病例高达13-16万人,严重影响患者的身体健康和生存质量^[2,3]。传统的治疗手段是开腹手术,但该方法创伤大、术后易发生多种并发症,不利于患者恢复^[4]。随着腹

腔镜技术被广泛的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势逐渐成为临床手术的首选方法^[5,6]。但目前对于腹腔镜手术治疗结直肠癌的安全性及根治性存在质疑,为此本研究对我院2008年5月至2012年7月期间收治的62例肠癌患者的临床资料进行回顾性分析,探讨腹腔镜手术的特点及优势,为临床研究提供可借鉴的方法。

1 资料与方法

1.1 一般资料

选择2008年5月-2012年7月在我院接受手术根治术的结直肠癌患者62例,其中,男35例,女27例,年龄分布在

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38-65岁,平均年龄 52.1 ± 10.4 岁。肿瘤位置:横结肠7例,肝曲结肠5例,升结肠15例,降结肠12例,乙状结肠8例;病理分期:II期23例,III期21例;肿瘤分型:黏液腺癌8例,乳头状癌16例,管状腺癌15例,未分化癌5例。入选标准:经纤维结肠镜、病理切片确诊为结肠直肠癌;影像学检查明确病理分期,肿瘤未侵袭周围器官;无严重系统性疾病;无腹部手术史;无心、肝、肾等重要器官功能障碍等手术禁忌症。将患者分为腹腔镜组和开腹组,两组患者的一般资料无明显差异,具有可比性。

1.2 手术方法

开腹组患者采用常规开腹手术切除病灶,腹腔镜组患者采用腹腔镜切除肿瘤,具体方法为:全麻气管插管,在肚脐下缘切口,插入气腹针,建立人工气腹,压力在11-13 mm Hg,置入腹腔镜镜头,先行腹腔探查,确定肿块位置及腹腔脏器情况,排除合并症及腹腔转移。超声刀先行游离直肠两侧腹膜及系膜,于肛门齿状线上5 mm切开直肠粘膜,下拖并向上分离直肠粘膜3 mm,切断直肠肌鞘,行全直肠系膜切除,游离肠系膜下动脉,向下游离骶前及直肠周围疏松组织,清除淋巴结。拖出正常的结肠与直肠粘膜齿状线上切缘吻合。冲洗腹腔盆腔区,骶前置引流管,逐层关腹^[7,8]。

1.3 观察指标

手术时间、术中出血量、术后排气时间、术后并发症、平均

住院日、住院费用等情况。

1.4 统计学处理

数据采用SPSS17.0软件进行分析处理,计量资料采用T检验,计数资料采用 χ^2 ,以 $P < 0.05$ 为差异具有统计学意义。

2 结果

两组手术均无死亡病例。腹腔镜组手术时间为 (98.14 ± 15.22) min,平均出血量为 (136.18 ± 12.81) mL;开腹组手术时间为 (137.52 ± 11.15) min,平均出血量为 (288.57 ± 29.64) mL;腹腔镜组的手术时间和术中出血量明显比开腹组少,差异具有统计学意义($P < 0.05$)。腹腔镜组患者的排气时间为 (1.22 ± 0.14) 天,无并发症;开腹组患者的排气时间为 (3.37 ± 0.26) 天,11例并发症:肠梗阻5例、消化道出血2例、切口感染4例。腹腔镜组患者术后恢复情况优于开腹组,并发症的发生率低于开腹组($P < 0.05$)。腹腔镜组患者的住院时间为 (6.39 ± 0.60) 天,开腹组为 (12.18 ± 1.91) 天,腹腔镜组明显比开腹组住院时间短,差异显著且具有统计学意义($P < 0.05$)。腹腔镜组切除肿瘤标本 (21.47 ± 4.79) cm,清扫淋巴结 (9.7 ± 7.3) 枚;开腹组切除肿瘤标本 (22.63 ± 8.86) cm,清扫淋巴结 (10.5 ± 8.0) 枚;两组手术的肿瘤根治性无明显差异($P > 0.05$)。两组的治疗费用无明显差异($P > 0.05$)。见表1、表2。

表1 两组患者手术的基本情况

Table 1 Basic data of the operations in the two groups

观察指标 Indicators	切口长度(cm) Incision length	手术时间(min) Operation time	出血量(ml) Blood loss	切除肿瘤(cm) Tumor resection	切除淋巴结(cm) Lymph resection
腹腔镜组 Laparoscopic	9.4 $\pm$ 2.7	98.14 $\pm$ 15.22	136.18 $\pm$ 12.81	21.47 $\pm$ 4.79	9.7 $\pm$ 7.3
开腹组 Conventional	17.7 $\pm$ 4.3	137.52 $\pm$ 11.15	288.57 $\pm$ 29.64	22.63 $\pm$ 8.86	10.5 $\pm$ 8.0
P	0.029	0.031	0.039	0.072	0.064

表2 两组术后并发症及恢复情况

Table 2 Incidence of complications and recovery

观察指标 Indicators	排气时间(d) Exsufflation time	术后并发症(%) Complications	住院时间(d) Hospitalization	手术费用 Cost
腹腔镜组 Laparoscopic	1.22 $\pm$ 0.14	0	6.39 $\pm$ 0.60	39768 $\pm$ 3248
开腹组 Conventional	3.37 $\pm$ 0.26	11(37.9%)	12.18 $\pm$ 1.91	38672 $\pm$ 3285
P	0.034	0.017	0.048	0.875

3 讨论

随着医学的进步以及科学技术的不断发展,结肠直肠癌可选择介入治疗、放射治疗及化疗等手段,但手术治疗仍是其主要的治疗方法^[9]。腹腔镜结肠直肠癌手术的目的是获得与开腹手术相同的治疗效果,同时减少手术创伤、促进恢复^[10]。常规的结肠直肠癌根治术包括癌肿及其两端肠段、系膜、周围淋巴结及周围浸润组织,腹腔镜肿瘤切除术与传统手术遵循相同的操作原则,即根据病人的实际状况及各脏器的功能、肿瘤位置、肿瘤分期、病理类型及生物学行为等判断手术切除方式,最大程度的清除病灶,同时减少对周围脏器的损伤,改善病人的生存质

量^[11-13]。

本研究中,腹腔镜组比开腹组手术耗时短、术中出血量少,说明腹腔镜手术创伤小、术中出血少,可减少术中失血休克或死亡,从而提高手术成功率。据国内外相关资料报道,腹腔镜手术与传统结肠直肠癌根治术在肿瘤切除范围、淋巴结清扫数目、手术病死率等方面无显著差异^[14-16]。我们通过观察腹腔镜组与开腹组切除肿瘤标本的长度及淋巴结清扫的总数,发现腹腔镜组切除肿瘤标本长度为 (21.47 ± 4.79) cm,清扫淋巴结 (9.7 ± 7.3) 枚;开腹组切除肿瘤标本 (22.63 ± 8.86) cm,清扫淋巴结 (10.5 ± 8.0) 枚;两组无显著差异($P > 0.05$),这与既往研究相符。结果说明,在肿瘤的根治性方面,腹腔镜与传统开腹术均可完成

肿瘤的切除及淋巴结清扫的任务。我们经过分析认为,腹腔镜通过探针能够清晰地确定手术切除范围,避免手术对患者机体的损伤。术后并发症是影响结直肠癌患者手术效果和生存质量的关键因素^[7]。本研究中,腹腔镜组术后无并发症,而采用传统开腹手术的一组术后有 11 例患者发生并发症,其中肠梗阻 5 例、消化道出血 2 例、切口感染 4 例,经对症处理均获得缓解。此外,腹腔镜组患者的住院时间明显比开腹组短,说明采用腹腔镜治疗结直肠癌能够降低术后并发症的发生率,有利于患者术后恢复,改善其生存质量^[8]。本研究还发现,两组患者的治疗费用无明显差异。分析原因可能为,腹腔镜手术虽然成本较高,但术后对肠道的保护及营养支持药物等费用较低,而传统开腹手术虽然成本低,但术后营养支持药物等费用则较高。因此,腹腔镜与传统开腹手术的总体治疗费用相当^[19,20]。

综上所述,腹腔镜结直肠癌切除术具有很好的临床效果,是根除恶性肿瘤,改善患者预后的重要方法,其特点及优势已得到肯定,值得推广应用,随着科技进步和手术技术的改进,腹腔镜技术的发展前景将更加广阔。

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