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Cook 双球囊联合改良 B-Lynch 缝合术对产后出血的治疗效果观察*

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摘要 目的:探讨 Cook 双球囊联合改良 B-Lynch 缝合术对产后出血的治疗效果。**方法:**选取 2015 年 6 月~2018 年 6 月在我院经剖宫产分娩并发生产后出血的产妇 81 例进行回顾性分析。根据术中止血方法的不同分为两组,对照组 40 例采用 Cook 双球囊进行止血,观察组 41 例在对照组的基础上应用改良 B-Lynch 缝合术进行止血。对两组患者的手术相关指标、止血成功率、子宫切除率、术后恢复情况和并发症发生情况进行比较。**结果:**观察组的术中出血量、术后 24 h 出血量和输血量显著低于对照组($P<0.05$),止血时间显著短于对照组($P<0.05$);观察组患者的止血成功率显著高于对照组($P<0.05$),子宫切除率和切口恢复时间显著低于对照组($P<0.05$),两组患者的住院时间和并发症发生率比较无统计学差异($P>0.05$)。**结论:**Cook 双球囊联合改良 B-Lynch 缝合术对剖宫产产后出血患者的临床效果显著优于单用 Cook 双球囊,且安全性较高。

关键词:Cook 双球囊;改良 B-Lynch 缝合术;产后出血

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Effect of Cook Double Balloon Combine with Modified B-lynch Suture on the Postpartum Hemorrhage*

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ABSTRACT Objective: To explore the effect of Cook double balloon combine with modified B-lynch suture on postpartum hemorrhage. **Methods:** A retrospective analysis was performed on 81 cases of postpartum hemorrhage in the cesarean section delivered in our hospital from June 2015 to June 2018. The patients were divided into two groups according to different hemostasis methods. The control group was treated with Cook's double balloon hemostasis, and the observation group was treated with improved B-lynch suture on the basis of control group. The indicators related to surgery, success rate of hemostasis, uterine excision, postoperative recovery and complications were compared between the two groups. **Results:** The intraoperative blood loss, postoperative blood loss and blood transfusion amount of the observation group were significantly lower than the control group, and the hemostatic time was significantly shorter than the control group($P<0.05$). The success rate of hemostasis in the observation group was significantly higher than that of the control group, while the uterine excision rate and incision recovery time were significantly lower than that of the control group ($P<0.05$). No statistical difference was found in the length of hospital stay and the incidence of complications between the two groups ($P>0.05$). **Conclusion:** Cook double balloon surgery combined with improved B-lynch suture can significantly enhance the hemostatic effect with high safety than cook double balloon surgery alone for the postpartum hemorrhage patients after cesarean section.

Key words: Cook double balloon; Modified B-lynch suture; Postpartum hemorrhage

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前言

产后出血是指自然分娩后 24 h 内出血量超过 500 mL,剖宫产产后出血量超过 1000 mL^[1-3],是导致产妇死亡的重要原因,发病率约为 3%。随着大龄产妇的增多,二胎的开放,瘢痕子宫、前置胎盘等高危病例逐渐增加,剖宫产率显著上升,产后出血的发病率也呈现上升趋势^[4,5]。产后出血患者的病情发展较

快,如果不能得到及时有效的救治,最终可能导致子宫切除,甚至导致多脏器功能衰竭等严重并发症而危及产妇的生命^[6-8]。

产后出血发生原因主要有宫缩乏力、软产道损伤、合并并发症和胎盘因素等,目前临床常用的治疗方法主要有药物、宫腔填塞、子宫切除、缝合、血管结扎等,但均存在一定的限制和弊端^[9-11]。大多产后出血患者不能接受子宫切除,因其不仅影响患者的生育功能,还会给患者带来极大的心理负担。传统的纱

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布宫腔填塞操作复杂,反复填塞容易形成感染。球囊填塞简单、方便,可保留患者的子宫,在临床的应用越来越广泛^[12,13]。改良 B-Lynch 缝合术与传统 B-Lynch 缝合术相比,可防止缝线脱落,避免肠管的损伤^[14,15]。本研究主要探讨了 Cook 双球囊联合改良 B-Lynch 缝合术对产后出血的效果,以期对产后出血的临床治疗提供更多的参考依据。

1 资料与方法

1.1 病例资料

选取 2015 年 6 月~2018 年 6 月在我院住院分娩的剖宫产术中发生产后出血的产妇 81 例进行回顾性分析。纳入标准:①符合剖宫产产后出血的诊断标准;②无凝血功能异常;③临床病例资料完整。排除标准:④合并重要脏器功能障碍者;⑤子宫下段撕裂伤严重至产后出血者;⑥其他血液系统疾病者。根据止血方法不同将患者分为两组,对照组采用 Cook 双球囊止血,观察组在对照组的基础上应用改良 B-Lynch 缝合术进行止血。对照组 40 例,年龄 26~30 岁,平均 28.65± 3.27 岁;孕周 37~40 周,平均 39.25± 1.24 周;产次 1~3 次,平均 1.33± 0.31 次;出血原因:胎盘因素 12 例,子痫前期 18 例,其他 10 例。观察组 41 例,年龄 27~31 岁,平均 29.32± 3.85 岁;孕周 37~39 周,平均 38.96± 1.12 周;产次 1~3 次,平均 1.41± 0.38 次;出血原因:胎盘因素 11 例,子痫前期 19 例,其他 11 例。两组一般资料相比无统计学差异($P>0.05$),具有可比性。

1.2 治疗方法

两组均给予缩宫素 20U 静脉注射和卡前列素氨丁三醇 250 μg 肌肉注射,并进行补充体液、吸氧及抗休克等治疗,严密监视产妇的生命体征。对照组:采用 Cook 双球囊止血,Cook 双

球囊放置方法:经剖宫产切口处将宫腔球囊和阴道球囊放入子宫,注水段均经阴道送至台下助手处,在宫腔球囊注水端注入 40 mL 生理盐水,并向下牵拉球囊,使得阴道球囊置于宫颈下方阴道内,由阴道球囊注水端注入 20 mL 生理盐水,固定球囊。给予敏感抗生素预防感染,止血后分次放液 50~100 mL,直至液体完全放出后取出球囊,球囊放置时间不超过 24 h。观察组在对照组的基础上给予改良 B-Lynch 缝合术进行止血,以剖宫产切口下缘为进针点,充分暴露子宫下段的情况下穿过宫腔至切口上缘后从子宫底部出针,向下缝合 2 针后在离宫角 3~4 cm 处进针,绕至子宫体后壁后出针,再沿水平位置进针至宫腔,由子宫体后壁出针,经缝线拉至子宫前方,在右侧对应子宫切口处上下缘分别进出针,拉紧缝线并在子宫切口下缘结扎。双球囊放置方法同对照组。

1.3 观察指标

①手术相关指标。②止血成功率、子宫切除率和术后恢复情况,有效:阴道出血小于等于 50 mL/h,子宫收缩情况良好,生命体征平稳;无效:阴道出血量大于 50 mL/h,子宫收缩情况不佳,生命体征难以控制或无尿。③并发症发生情况。

1.4 统计学方法

采用 SPSS 20.0 进行数据分析,计量资料用 $\bar{x} \pm s$ 表示,组间比较行 t 检验;计数资料采用例和百分率表示,组间比较行 χ^2 检验,以 $P<0.05$ 表示差异有统计学意义。

2 结果

2.1 两组手术相关指标的比较

观察组术中出血量、术后 24 h 出血量和输血量均显著低于对照组,止血时间显著短于对照组($P<0.05$),见表 1。

表 1 两组患者手术相关指标比较($\bar{x} \pm s$)

Table 1 Comparison of the operation-related indicators between the two groups($\bar{x} \pm s$)

Groups	n	Intraoperative blood loss(mL)	Blood loss 24 h after surgery(mL)	Time of hemostasia(min)	Blood transfusion volume(mL)
Control Group	40	95.64± 22.13	1121.37± 201.54	18.85± 5.12	654.32± 123.25
Observation group	41	84.85± 18.32	847.65± 186.94	14.54± 3.74	464.85± 101.28
t	-	2.393	6.339	4.318	7.567
P	-	0.019	<0.001	<0.001	<0.001

2.2 两组止血成功率和子宫切除率的比较

观察组止血成功率显著高于对照组,子宫切除率和切口恢

复时间显著低于对照组($P<0.05$),两组患者的住院时间比较差异无统计学意义($P>0.05$),见表 2。

表 2 两组患者止血成功率和子宫切除率比较[例(%)]

Table 2 Comparison of the success rate of hemostasis and uterine excision between the two groups[n(%)]

Groups	n	Success rate of hemostasis	Excision rate of uterine	Hospital stays(d)	Recovery time of notch (d)
Control Group	40	33(82.50)	5(12.50)	13.02± 3.58	9.32± 2.85
Observation group	41	40(97.56)	0(0.00)	12.21± 3.21	7.13± 2.14
χ^2/t	-	5.160	5.462	-1.073	3.904
P	-	0.029	0.026	0.286	<0.001

2.3 两组并发症发生情况的比较

两组并发症发生率比较无统计学差异($P>0.05$),见表 3。

表 3 两组患者并发症发生情况比较[例(%)]

Table 3 Comparison of complications occur rate between the two groups[n(%)]

Groups	n	Puerperalism	Urinary tract infection	Poor Uterine involution	Total complication rate
Control Group	40	2(5.00)	2(5.00)	2(5.00)	6(15.00)
Observation group	41	1(2.44)	2(4.88)	1(2.44)	4(9.76)
χ^2	-				0.514
<i>P</i>	-				0.519

3 讨论

目前,我国的剖宫产率较高,已达到 20%~30%,而剖宫产的并发的发生率较高,尤其是产后出血的发生率远高于阴道自然分娩,且随着高龄产妇的增加,剖宫产率逐年上升,产后出血的发生率也呈现上升的趋势^[16-18]。发生产后出血后如不及时处理会危及产妇的生命。当药物治疗无效时,传统的纱布填塞操作较慢,且容易造成感染,填塞不紧还会造成止血失败。Cook 双球囊有宫腔球囊和阴道球囊,可共同互相压迫子宫下段起到止血的效果^[19,21]。B-Lynch 缝合术是在 1993 年首次报道的一种控制产后出血的缝合方法,具有较好的止血效果,但这种缝合方式可能会出现缝线脱落而导致手术失败^[22,23]。因此,本研究主要探讨了 Cook 双球囊联合改良 B-Lynch 缝合术对剖宫产术后出血的效果。

Cook 双球囊具有定点压迫止血的作用,可针对性的对子宫下段的出血点进行压迫止血,尤其是对于宫腔内出血点较低的患者止血效果更加突出^[24-26]。B-Lynch 缝合术可在子宫的表面形成牵拉,进而对子宫产生压迫,使其处于收缩的状态。另外,还能够压迫大部分子宫动静脉分支,减慢血液流速,使得出血窦关闭,进一步对子宫收缩形成刺激,达到止血的目的^[27,28]。改良 B-Lynch 缝合术在传统 B-Lynch 缝合术的基础上在子宫底左右各缝一针,缝线更加稳固不易脱落,对子宫的收紧作用更加持久,止血效果更加显著。本研究结果显示 Cook 双球囊联合改良 B-Lynch 缝合术处理的产妇术中出血量、术后 24 h 出血量、止血时间和输血量显著低于单用 Cook 双球囊组,表明两种方式联合应用的止血效果更好,降低了患者的输血量 and 子宫切除率,不仅节约了住院治疗费用也降低了患者输血的风险,而且保留了患者的生育功能和正常的生理结构,利于患者的产后恢复^[29,30]。此外,产后出血患者的并发症主要有产褥病、尿道感染、子宫复旧不良等,但 Cook 双球囊联合改良 B-Lynch 缝合术的并发症发生率与单用 Cook 双球囊相比无统计学差异,说明改良 B-Lynch 缝合术不会增加患者的并发症发生率,可能是由于改良 B-Lynch 缝合术的缝线不穿透蜕膜层,避免了子宫腺肌症和感染的发生^[31]。

综上所述,Cook 双球囊联合改良 B-Lynch 缝合术对剖宫产术后出血患者的临床效果显著优于单用 Cook 双球囊,且安全性较高。

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