

重症急性胰腺炎上腹联合侧腹壁切口术后的综合护理探讨

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摘要 目的:观察上腹联合侧腹壁切口治疗重症急性胰腺炎(severe acute pancreatitis, SAP)术后综合护理的疗效。方法:对我院2006年1月至2010年6月在我科接受上腹和侧腹联合切口手术的46例SAP患者进行回顾性分析。其中26例患者接受综合护理,包括采用造瘘袋辅助护理、使用可调节式伤口保护罩、早期持续冲洗及负压吸引等;20例患者接受常规护理。比较两种护理策略对SAP开放性伤口的预后影响。结果:接受综合护理的患者再次手术率(5/26 vs 10/20, $P=0.027$),住院周期(26.08 ± 8.48 vs. 31.95 ± 8.82 , $P=0.03$)及护士工作满意度(93.15 ± 4.05 vs. 87.45 ± 5.90 , $P<0.01$)等方面均优于接受常规护理的患者。综合护理组患者住院期间死亡率(0/26 vs 3/20, $P=0.075$)及术后肠瘘发生率(1/26 vs 4/20, $P=0.08$)有降低的趋势。结论:采用综合护理可降低再次手术率,促进伤口愈合,缩短住院周期,可能降低肠瘘发生率及死亡率,提高护理疗效。

关键词 重症急性胰腺炎 综合护理 肠瘘 感染

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Severe Acute Pancreatitis :Nursing Care Approach after Lateral Incision plus Laparotomy Necrosis Debridement

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ABSTRACT Objective: To observe the effect of the comprehensive nursing for the patients with a diagnosis of severe acute pancreatitis receiving upper and flank abdomen incision surgery. **Methods:** Between January 2006 and June 2010, a total of 46 patients with severe acute pancreatitis receiving upper and flank abdomen incision surgery were analyzed in the present study. Among them, 26 patients were administered by using comprehensive nursing strategies, which included auxiliary nursing with the aid of ostomy bags, use of the adjustable protective cover for the wound, continuous washing during the early postoperative period and negative pressure suction. Another 20 patients were administered by using conventional nursing strategies. **Results:** Compared with those receiving conventional nursing strategies, the patients receiving comprehensive nursing strategies had a lower rate of re-operation (5/26 versus 10/20, $p=0.027$) a shorter length of hospital stay (26.08 ± 8.48 vs. 31.95 ± 8.82 , $P=0.03$) and a high proportion of satisfaction for nursing services (98.5% versus 90%). The incidence of postoperative fistula (1/26 versus 4/20, $p=0.081$), in-hospitalization mortality (0/26 versus 3/20, $p=0.041$) had a tendency of decrease in patients receiving comprehensive nursing strategies. **Conclusions:** Comprehensive nursing can reduce the in-hospitalization time and improve the effect of nursing. In addition, it may also reduce the incidence of postoperative fistula and in-hospital mortality.

Key words: severe acute pancreatitis; comprehensive nursing; fistula; infection

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前言

胰腺坏死组织感染是导致重症急性胰腺炎(severe acute pancreatitis, SAP)患者死亡的主要原因^[1],SAP的传统手术方式采用上腹正中切口,然而这种术式有时不能对腹膜后大量的坏死组织进行充分引流^[2-3]。近年来,我科采用上腹联合侧腹壁切口能够使这一问题得到有效的解决^[4-7]。然而,此类手术切口采取新式手术切口,术后患者伤口均为开放式,有的可达20×15cm,此类伤口渗出较多,治疗护理难度大,易交叉感染,直接威胁患者生命^[8-9]。患者脓性渗液常常污染被褥,增加医疗成

本,且大大增加了护理量,如何进行有效护理则成为护理工作的一大难题^[10]。为保护伤口、减少交叉感染及二次感染的机会、增加患者舒适度及保暖,方便医护人员使用,降低医疗成本,在临床对此类病人的护理中我们使用自行设计的一款轻便、可调节式保护罩。铝合金要求耐酸耐碱,既可用消毒液擦拭消毒,也可使用紫外线灯照射消毒。罩的顶端设计有引流管固定架,可将持续冲洗液的输液器固定好,保证伤口24小时湿润,减少肠瘘的发生。罩顶可覆盖全棉无菌治疗单,治疗单外加盖棉被,既防止空气中细菌和微尘,又保护患者隐私,提高了患者舒适度。在对SAP术后的护理中,我们提出综合护理策略,观察综合护理能否提高的SAP的疗效。

1 资料与方法

1.1 一般资料

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2006 年 1 月至 2010 年 6 月, 我科 46 例患者接受联合侧腹壁切开胰周坏死组织清创引流术, 其中男 32 例, 女 14 例, 平均年龄 41 岁。治疗上患者接受禁食水, 胃肠减压, 抑酸抑酶, 预防性抗生素使用, 肠外营养, 早期肠内营养等规范化治疗。急性胰腺炎的诊断标准为腹部体征结合血淀粉酶升高 3 倍以上。SAP 指急性胰腺炎伴有脏器功能障碍, 或出现坏死、脓肿或假性囊肿等局部并发症者, 或两者兼有, 或 APACHE 评分 ≥ 8 分, 或 Ranson's 评分 ≥ 3 分。手术指征: 明确的诊断是胰周或胰腺组织感染; 或因急性重症胰腺炎并发呼吸循环系统障碍, 经保守治疗后病情无改善或继续恶化的^[11]。

1.2 方法

纳入 2006 年 1 月至 2010 年 6 月来在我科接受上腹和侧腹联合切口手术的 46 例(SAP)患者, 均使用根据病床尺寸及患者胖瘦设计可调节式铝合金伤口保护罩。遵医嘱均给予生理

盐水 24 小时持续冲洗, 每小时冲洗一次, 保证伤口湿润。采用造瘘袋辅助护理, 将二件式造瘘袋底盘按伤口大小形状剪开并固定牢靠, 放置易于引流位置。伤口保护罩保护患者腹壁, 持续负压吸引伤口表面的渗出液及冲洗液。保护罩每日用 8-4 液擦拭消毒两次, 顶部覆盖的无菌治疗单每日更换一次。比较两组患者住院周期, 护理工作满意度, 住院期间死亡率, 肠瘘的发生率, 等方面并进行统计学分析。

2 结果

综合护理组患者与常规护理组患者在年龄, 性别比例, 发病至入院间隔, 发病至手术时间间隔以及入院时 APACHE-II 评分方面未见差异($P>0.05$)。综合护理组患者再次手术率低于常规护理组($P<0.05$)。与常规护理组相比, 综合护理组患者的肠瘘发生率及死亡率有降低的趋势。

表 1 患者一般情况
Tab1 Patients characteristics

	Systemic nursing care (n=26)	Usual care (n=20)	P
Age	45.54 $\pm$ 15.18	44.95 $\pm$ 14.07	0.89
Sex(Male)	17	15	0.48
Time interval between onset of symptoms and admission	6.11 $\pm$ 4.32	4.50 $\pm$ 3.32	0.17
Time interval between onset of symptoms and surgery	14.19 $\pm$ 6.20	11.55 $\pm$ 5.21	0.13
入院 APACHE-II 评分	10.3 $\pm$ 2.49	10.3 $\pm$ 1.63	0.76

表 2 患者预后情况比较
Tab 2 The outcome of patients in the two nursing care group

	Systemic nursing care (n=26)	Usual care (n=20)	P
Intestinal fistula	2	5	0.08
Reoperation	5	10	0.03
Length of hospital stay	26.08 $\pm$ 8.48	31.95 $\pm$ 8.82	0.03
Score of nursing care	93.15 $\pm$ 4.05	87.45 $\pm$ 5.90	<0.01
In-hospital mortality	0	3	0.07

3 讨论

联合侧腹壁切开胰周坏死组织清创引流术治疗急性重症胰腺炎对护理工作提出了新的挑战, 上腹联合侧腹壁切口治疗 SAP 的护理效果的优劣可能影响 SAP 术后患者的预后及生活质量^[12]。我们的研究结果显示, 采用造瘘袋辅助护理、使用伤口保护罩早期持续冲洗及负压吸引的护理策略能够明显提高患者术后的护理质量。

常规护理在侧腹壁切口中的劣势在于患者伤口渗液及冲洗液不能很好的收集, 渗出液对伤口周围皮肤浸蚀明显, 患者舒适感差, 过度焦虑紧张。冲洗液管道无法固定, 难以保证伤口湿润的面积, 耗费护士体力, 易造成部分伤口干燥导致肠瘘^[13-15]。本研究表明, 通过综合护理的方法, 患者术后肠瘘的发生率有

降低趋势。

采用造瘘袋辅助护理并使用伤口保护罩早期持续冲洗及负压吸引的护理策略的优势在于使用造瘘袋非常有利于收集患者伤口渗液, 一方面防止渗液对周围皮肤的进一步浸蚀, 另一方面可准确观察渗出液的量、颜色, 使用可调节式伤口保护罩可将持续冲洗液的输液器固定好, 保证伤口 24 小时湿润, 防止肠瘘发生^[16]。罩顶可覆盖全棉无菌治疗单, 治疗单外加盖棉被, 既防止空气中细菌和微尘, 又保护患者隐私, 提高了患者舒适度。本研究显示, 接受综合护理的患者的护理满意度较高, 有助于提高护理质量。

持续负压吸引器剪有多个侧孔, 可有效的吸引伤口渗液及冲洗液, 大大降低了感染及二次感染的机会, 明显降低腹压^[17-20]。由于降低了感染率, 而且肠瘘的发生率较低, 因此患者接受二

次手术的可能性小。我们的研究表明,综合护理组患者二次手术率明显低于常规护理组。此外,因为感染是SAP患者术后死亡的主要诱因,因此,通过综合护理的方法有可能降低患者的死亡率。尽管在本研究中两组患者的死亡率未见统计学差异,但是综合护理组患者的死亡率有下降的趋势。

综上所述,采用综合护理可降低二次手术率,缩短患者住院周期,提高护理质量,并有降低肠瘘发生率及死亡率的趋势。随着护理技术的发展,综合护理的效果可能得到更大的提升。

参考文献(References)

- [1] Schmid SW, Uhl W, Friess H, et al. The role of infection in acute pancreatitis[J]. Gut, 1999,45(2):311-6
- [2] 于华龙. 重症急性胰腺炎 24 例外科治疗分析 [J]. 中国误诊学杂志, 2009,9(31): 7737-8
Yu Hua-long. Surgical management in 24 patients with severe acute pancreatitis[J]. Chin J Misdiagnosis, 2009,9(31): 7737-8
- [3] Connor S, Alexakis N, Raraty M G, et al. Early and late complications after pancreatic necrosectomy[J]. Surgery, 2005, 137(5): 499-50
- [4] Connor S, Ghaneh P, Raraty M, et al. Minimally invasive retroperitoneal pancreatic necrosectomy[J]. Dig Surg, 2003,20(4):270-7
- [5] 冯全新, 王士祺, 李树钧, 等. 辩证思维在重症急性胰腺炎治疗中的运用[J]. 医学与哲学, 2010, 31(8): 73-4
Feng Quan-xin, Wang Shi-qi, Li Shu-jun, et al. Dialectical Thinking in the Management of Severe Acute Pancreatitis [J]. Medicine and Philosophy, 2010,31(8):73-4
- [6] Horvath K, Freeny P, Escallon J, et al. Safety and efficacy of video-assisted retroperitoneal debridement for infected pancreatic collections: a multicenter, prospective, single-arm phase 2 study [J]. Arch Surg, 2010,145(9):817-25
- [7] Lakshmanan R, Iyer SG, Lee VT, et al. Minimally invasive retroperitoneal pancreatic necrosectomy in the management of infected pancreatitis[J]. Surg Laparosc Endosc Percutan Tech, 2010,20(1):e11-5
- [8] Gambiez L P, Denimal F A, Porte H L, et al. Retroperitoneal approach and endoscopic management of peripancreatic necrosis collections[J]. Arch Surg, 1998, 133(1): 66-72
- [9] Van Santvoort H C, Besselink M G, Bollen T L, et al. Case-matched comparison of the retroperitoneal approach with laparotomy for necrotizing pancreatitis[J]. World J Surg, 2007, 31(8): 1635-42
- [10] 谢志红, 谢海英, 张坤, 等. 78 例重症胰腺炎的护理体会[J]. 局解手术学杂志, 2009,18 (6):405
Xie Zhi-hong, Xie Hai-ying, Zhang Kun, et al. Nursing experience of 78 cases with severe acute pancreatitis [J]. Journal of Regional Anatomy and Operative Surgery. 2009,18 (6):405
- [11] 蔡小勇, 卢榜裕, 陆文奇, 等. 重症急性胰腺炎腹腔镜手术干预时机、指征及方式选择[J]. 广西医科大学学报, 2007,24(5):726-7
Cai Xiao-yong, Lu Bang-yu, Lu Wen-qi, et al. The opportunity, indication, and approach of laparoscopic operation in patients with severe acute pancreatitis [J]. The Journal of Guang Xi Medical University, 2007,24(5):726-7
- [12] 廖素伟. 重症急性胰腺炎患者的临床护理分析[J]. 医学信息, 2010,5 (6):1493-4
Liao Su-wei. Analysis of the clinical care in patients with severe acute pancreatitis[J]. Medical information, 2010,5(6):1493-4
- [13] 邓云模, 刘咨含. 30 例重症急性胰腺炎病人的护理 [J]. 全科护理, 2010,8(9):1739-40
Deng Yun-mo, Liu Zi-han. Nursing care in 30 patients with severe acute pancreatitis[J]. Family Nurse, 2010,8(9): 1739-40
- [14] 刘凤红. 重症急性胰腺炎 22 例术后护理[J]. 长江大学学报: 医学卷. 2009,6(4):227-9
Liu Feng-hong. Nursing care in 22 patients receiving operation for severe acute pancreatitis[J]. Journal of Yangtze University(Medicine), 2009,6(4):227-9
- [15] 蒋翠玲, 夏中华. 重症急性胰腺炎腹腔灌洗引流管的护理[J]. 中国临床保健杂志, 2010,13(3):333
Jiang Cui-ling, Xia Zhong-hua. Nursing care of the drainage catheter in patients with severe acute pancreatitis [J]. Chinese Journal of Clinical Healthcare, 2010,13(3):333
- [16] 陈俊英, 肖静, 王秀. 24 例重症急性胰腺炎术后并发肠瘘的治疗与护理[J]. 中华现代护理杂志, 2010,16(9): 1064-6
Chen Jun-ying, Xiao Jing, Wang Xiu, et al. Nursing care of the intestinal fistula in patients with severe acute pancreatitis [J]. Modern Nursing, 2010,16(9): 1064-6
- [17] Pa moukian VN, Gagner M. Laparoscopic necrosectomy for acute necrotizing pancreatitis. J Hepatobiliary [J]. Pancreat Surg, 2001,8 (3):221-223
- [18] Norman J. The role of cytokines in the pathogenesis of acute pancreatitis[J]. Am J Surg, 1998,175(1): 76-83
- [19] Uhl W, Warshaw A, Imrie C, et al. IAP guidelines for the surgical management of acute pancreatitis [J]. Pancreatology, 2002,2 (6): 565-573