老年妇科手术患者的临床特点及处理探讨

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摘要 目的:分析老年妇科手术患者的临床特点并探讨相应的处理方法。方法:选择55例老年妇科手术患者(年龄>60岁)及同期60例非老年妇科手术患者(年龄<50岁),比较两组患者病变性质、术前情况及术后情况,根据分析结果,探讨相应的处理方法。结果:老年组患者恶性肿瘤发生率显著多于非老年组患者(P<0.01);老年组患者术前伴有基础性病变病例显著多于非老年组患者(P<0.01,P<0.05);老年组患者术后出现并发症的例数显著多于非老年组患者(P<0.05)。结论:对于老年妇科手术患者术前应加强检查,完善手术方案;积极控制老年患者的基础性病变,提高对手术及麻醉的耐受能力;术后给予减少并发症的措施,加强针对性护理,可有效减少老年妇科手术患者围手术死亡率。

关键词 老年 妇科手术 临床特点 处理方法

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The Clinical Features and Treatment Method about Elderly Patients with Gynecological Surgery

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ABSTRACT Objective: To analyze the clinical features of elderly patients with gynecologic surgery and explore the the treatment. Method:Collectig 55 elderly patients with gynecologic surgery (>60 years) and 60 non-elderly patients with gynecologic surgery(<50 years),comparing the nature of lesions,preoperative and postoperative situation and explore the the treatment. Result:There was a statistical significant (P<0.01, P<0.05) in the nature of lesions, preoperative and postoperative situation,the elderly patients were more than the non-elderly patients. Conclusion: It should strengthen the preoperative inspection and improve the surgical plan for the elderly patients with gynecologic surgery; actively controlling the basic disease to improve the tolerance of surgery and anesthesia; giving the postoperative measures to reduce the complications and strengthening the targeted nursing.It could effectively reduce the perioperative mortality of elderly patients with gynecological surgery.

Key words: Elderly; Gynecological surgery; Clinical features; Approach

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国际上规定65岁以上为老年,而我国目前以60岁为标准。随着我国生活水平和医疗卫生条件的不断提高,公民的平均寿命越来越长,因此老年妇科手术患者也逐年增加[1-3]。但因老年患者各方面机体功能的下降,多种组织器官逐渐出现衰老和退化,各种基础性病变增多;同时随着手术的刺激和术中麻醉的影响,术中及术后易出现各种并发症,老年妇科手术患者的风险性显著增加。国外相关报道提示,年龄>60岁的老年患者术中及术后的死亡率约8%~10%,部分情况下甚至出现15%。因此,如何如何让老年妇科手术患者顺利的渡过围手术期,这是一个非常重要的临床课题[4-6]。作者分析了老年妇科手术患者的临床特点并探讨相应的处理方法,旨在提高对老年妇科手术患者诊治水平,现报告如下。

1 资料与方法

1.1 一般资料

选择2010年4月~2011年11月期间,在我科行妇科手术治疗的患者115例,以上入选患者均为初次手术,无腹腔或盆腔手术病史;无严重的基础性疾病及手术禁忌症;患者体形正常(18.5≤体质指数(BMI)<24),排除了过瘦或过胖病例;术后均有完整的病理诊断。根据患者的年龄将上述患者分为老年组和非老年组,老年组患者55例,年龄61~73岁,平均年龄65.7± 5.3岁;非老年组60例,年龄27~52岁,平均年龄40.4± 6.7岁。两组患者在麻醉方式、手术入路、体形构成等方面比较,差异无统计学意义(P>0.05),具有临床可比性。

1.2 手术方法

两组患者术前均给予充分的术前准备,老年患者控制血压及血糖;术中均在硬膜外麻醉下采取经腹入路的手术方式;术后给予抗炎、维持水及电解质平衡等治疗,同时加强为手术期的各项专科护理措施。

1.3 临床观察内容

根据术后病理诊断结果,统计两组妇科手术患者的病变性质后比较分析;统计两组妇科手术患者术前情况,包括:高血压、糖尿病、肝肾功能异常、冠心病和脑血管病变;统计两组妇科手术患者术后情况,包括:肺部感染、尿路感染、切口感染、心率失常和深静脉血栓形成。

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1.4 统计学方法

观察记录所得计数数据采用百分率表示，使用统计学SPSS17.0软件行 X^2 检验，以 $P<0.05$ 计为差异具有统计学意义。

2 结果及分析

2.1 两组妇科手术患者病变性质分析

老年组和非老年组良性病变病例比较，差异具有高度统计学意义($P<0.01$)，非老年组良性病变病例显著多于老年组，老年组良性病变病例主要为：子宫脱垂 10 例(52.6%)，卵巢囊肿 5 例(26.3%)，附件炎症 2 例(10.5%)，其他 2 例(10.5%)；老年组和非老年组恶性病变病例比较，差异具有高度统计学意义 ($P<0.01$)，老年组恶性病变病例显著多于非老年组，老年组恶性病变病例主要为：宫颈癌 11 例(42.3%)，子宫内膜癌 8 例(30.8%)，卵巢恶性肿瘤 4 例(15.4%)，其他恶性肿瘤 3 例(5.0%)；老年组和非老年组交界性病变病例比较，差异无统计学意义 ($P>0.05$)。说明老年妇科手术患者病变以恶性病变为主，恶性病变以宫颈癌、子宫内膜癌、卵巢恶性肿瘤为多，见表 1。

表 1 两组妇科手术患者病变性质分析(n,%)

Table 1 Analysis of lesions in two group's patients with gynecological surgery

Groups	The number of cases	Benign lesions	Borderline lesions	Malignant lesions
Elderly group	55	19(34.5%)	10(18.2%)	26(47.3%)
Non-elderly group	60	37(61.7%)	15(25.0%)	8(13.3%)
X^2 value		8.449	0.784	15.873
P value		$P<0.01$	$P>0.05$	$P<0.01$

2.2 两组妇科手术患者术前情况对比

老年组和非老年组术前高血压、糖尿病、肝肾功能异常、冠心病和脑血管病变例数比较，差异具有（高度）统计学意义($P<0.01$，$P<0.05$)，老年组显著多于非老年组，说明老年组患者比非老年组患者术前基础状况差，术前应积极处理。见表 2。

表 2 两组妇科手术患者术前情况对比(n,%)

Table 2 Comparison of the preoperative situation in two group's patients with gynecological surgery

Groups	The number of cases	Hypertension	Diabetes	Liver and kidney dysfunction	Coronary heart disease	Cerebral vascular disease
Elderly group	55	18(32.7%)	12(21.8%)	8(14.5%)	10(18.2%)	10(18.2%)
Non-elderly group	60	6(10.0%)	4(6.7%)	2(3.3%)	3(5.0%)	1(1.7%)
X^2 value		8.975	5.500	4.544	4.973	9.048
P value		$P<0.01$	$P<0.05$	$P<0.05$	$P<0.05$	$P<0.01$

2.3 两组妇科手术患者术后情况对比

老年组和非老年组术后肺部感染、尿路感染、切口感染、心率失常和深静脉血栓形成例数比较，差异具有统计学意义($P<0.05$)，老年组显著多于非老年组，说明老年组患者非老年组患者术后易出现并发症，应积极预防。见表 3。

表 3 两组妇科手术患者术后情况对比(n,%)

Table 3 Comparison of the postoperative situation in two group's patients with gynecological surgery

Groups	The number of cases	Lung infection	Urinary tract infections	Incisional infection	cardiac arrhythmias	Deep vein thrombosis
Elderly group	55	12(21.8%)	9(16.4%)	10(18.2%)	7(12.7%)	6(10.9%)
Non-elderly group	60	5(8.3%)	3(5.0%)	3(5.0%)	1(1.7%)	1(1.7%)
X^2 value		4.142	3.965	4.973	5.424	4.288
P value		$P<0.05$	$P<0.05$	$P<0.05$	$P<0.05$	$P<0.05$

3 讨论

老年妇科手术患者除具有妇科常规手术特点外，还具有老年患者自身特点。由于老年患者自身生理功能衰退的原因，常常伴有内外科病变，而这些基础性病变会对妇科手术产生不利影响，同时手术创伤及术中麻醉也会加重基础性病变。因此，老年妇科手术患者选择适当的手术时机、术前对患者进行客观评估、术后加强临床护理即显得非常重要，是降低老年妇科手术

患者术后并发症和死亡率的关键[7-9]。

3.1 老年妇科手术患者病变性质特点

老年妇科手术患者(年龄＞60 岁)病变性质与非老年妇科手术患者(年龄＜50 岁)不同,表现为老年患者恶性肿瘤所占的比例显著大于非老年患者恶性肿瘤所占的比例(P＜0.01),本组统计提示老年组恶性肿瘤肿瘤患者 26 例(47.3%),其中宫颈癌 11 例(42.3%),子宫内膜癌 8 例(30.8%),卵巢恶性肿瘤 4 例(15.4%),其他恶性肿瘤 3 例(5.0%)。与国内徐苑苑等[10]报道的老年妇科手术患者以生殖道肿瘤为主,其中以恶性肿瘤占大部分的结论相符。因此,对于老年妇科手术患者应加强术前的检查,提高对恶性肿瘤的警惕性,部分老年患者因受陈旧观念的影响,对某些检查抱有抵触情绪,此时应积极引导令其配合检查。对于阴道出血或分泌物异常增多的老年患者应高度重视,加强相关检查,为恶性肿瘤的诊断及完善手术方案的制定提供依据[1,11]。

3.2 老年妇科手术患者术前情况特点

老年妇科手术患者自身生理功能衰退,手术及麻醉耐受性降低,表现为术前基础性病变较多。本组统计提示术前高血压 18 例 (32.7%),糖尿病 12 例 (21.8%),肝肾功能异常 8 例(14.5%),冠心病 10 例(18.2%),脑血管病变 10 例(18.2%),均显著高于非老年组患者。老年单纯性高血压并非手术禁忌症,对于合并高血压的老年患者,术前应选择钙通道阻滞剂络活喜、血管紧张素转换剂巯甲丙脯酸等符合老年患者生物化学及血流动力学特点的药物,术前将血压控制在 140/90mmHg 以内,并稳定 2d 以上;若术中出现低血压症状,可选用脱羟肾上腺素类药物维持血压,谨慎采用麻黄素,防止出现心脑血管并发症[12-13];术前伴有糖尿病的老年患者,术中麻醉情况下可出现血糖骤然升高,甚至出现酮症酸中毒及糖尿病昏迷,因此术前应结合患者情况,皮下注射或胰岛素泵泵入的方式给予胰岛素治疗,将血糖控制在 3.9～8.3mmol/L 为宜[14-15];由于老年患者动脉壁硬化,血管壁弹性降低,外周血管阻力增大,毛细血管数量减少及通透性降低,造成老年患者术前伴有心脑血管病变,对于伴有老血管病变者应积极处理,使其适应手术需要,降低术后心脑血管并发症的发生率[16]。

3.3 老年妇科手术患者术后情况特点

老年组患者术后肺部感染、尿路感染、切口感染、心率失常和深静脉血栓形成发生率显著多于非老年组患者(P＜0.05),本组统计提示术后肺部感染 12 例 (21.8%),尿路感染 9 例(16.4%),切口感染 10 例(18.2%),心率失常 7 例(12.7%),深静脉血栓形成 6 例(10.9%)。因此术后应给予老年患者充分吸氧,定时拍背翻身,鼓励其咳嗽排痰;同时加强抗炎治疗,做好尿道口及切口的常规消毒,减少尿路及切口的感染;对于术前及术后心血管异常的老年患者,及时对症治疗,避免心血管症状的加重;由于老年患者血流缓慢,加之术后卧床,容易诱发深静脉血栓形成,术后可姑姑患者早期下床活动,对于不能下床者,可在床上进行简单的屈伸运动;同时术后疼痛也可诱发老年患者血压升高,诱发心脏病及其他脏器疾病,因此术后多采用硬膜外镇痛泵的方式进行镇痛[17-18]。

因此,根据老年妇科手术患者自身的生理特点,术前应加强各项检查,制定完善的手术方案;同时积极控制老年患者的基础性病变,提高其对手术及麻醉的耐受能力;术后对患者加强监控,给予适当的措施减少术后并发症的发生,特别应加强老年妇科手术患者术后的针对性护理,可有效减少老年妇科手术患者围手术死亡率。

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