DOI:10.16016/j.1000-5404.1995.06.007 第17卷第6期 第三军医大学学报 Vol. 17, No. 6
484 1995年12月 ACTA ACADEMIAE MEDICINAE MILITARIS TERTIAE Dec. 1995

Urodynamic study before and after abdominoperineal resection of the rectum for rectal carcinoma

Gan Lu, Ma Hongmin, Luo Yaohui (Department of General Surgery, Southwest Hospital, Third Military Medical University, Chongqing, 630038)

Abstract Twenty patients, 13 male and 7 female, were urodynamically investigated before and 13 days and 6 months after they underwent abdominoperineal resection of the rectum because of rectal carcinoma. Urodynamic study consisted of the determination of urinary flow rate, the pressure changes in the urinary bladder and urethrae and lapid test. It was found that bladder dysfunction with subsequent difficulty in urination was frequently encounted and was temporary in most of the cases. It was essential to differentiate whether urination difficulty was tempory or persistent. Urination difficulty occurred in the late postoperative stage implicated the possibility of the recurrence of the carcinoma. It was concluded that urodynamic study was of significance for the diagnosis and treatment of urination difficulty after abdominoperineal resection of the rectum for rectal carcinoma.

Key words urodynamics; carcinoma, rectal; abdominoperineal resection

超声雾化麻醉法在纤维支气管镜中的应用

The use of ultrasonic aerosol spraying anesthesia in fibreoptic bronchoscopy

沈渝菊 沈寒放 刘 平 (第三军医大学附属西南医院呼吸内科) 重庆,630038

纤支镜(BF)术前麻醉常用喷雾法。本室用超声雾化吸入结合局部喷雾麻醉,与喷雾法比较,具有麻醉效果优良、患者易接受、用药量少、操作简便等特点。

1 方法

1.1 准备

1.1.1 无锡产SJN2021型超声雾化器一台,氧气一筒,喉头喷雾器一个;

1.1.2 2%利多卡因或0.5%～1%的卡因;

1.1.3 患者术前3 d戒烟,禁食辛辣食品,其它同常规。

1.2 方法

在喉头喷雾器中加入5 ml利多卡因备用。超声雾化器水箱中加入230 ml清水,杯内加入30 ml利多卡因(实际消耗15～20 ml),将药杯放置水箱上,接通电源,预热1 min,待雾气充满药杯时患者开始吸药。

吸药前,嘱患者先呼气,在深呼气情况下嘴唇包紧吸嘴,深吸一口气,屏气3～5 s,缓慢自鼻呼气,如此反复,吸5～10 min,不适应鼻呼气者,可离开吸嘴呼气。检查前2～3 min用喉头喷雾器对患者咽喉部喷雾麻醉1～2次。

2 结果

麻醉效果分三级:自觉吞咽费力,喉头有异物感,纤支镜插入顺利,通过声门至隆突时无恶心、呛咳等反应者为优;耐受力差,纤支镜通过声门时频繁恶心、剧烈咳嗽者为差;介于二者之间为良。

本室使用该法麻醉171人(男性140人,女性31人,11～83岁),效果优157人,良13人,差1人;喷雾法麻醉216人(男性179人,女性37人,17～79岁)作对照,效果优180人,良34人,差2人。经χ^2检验,$\chi^2=6.136$,$P<0.05$,该法麻醉效果优于喷雾法。

3 讨论

与喷雾法相比,本法有如下优点。①麻醉效果优良。超声雾化器产生的颗粒直径多为3～5 μm,保证了气雾的良好弥散功能,使药物直达粘膜及下呼吸道,达理想效果[1]。本法171例中麻醉效果优者157例,占91.8%,常规喷雾法216例中优者180例,占83.3%。超声雾化吸入结合局部喷雾麻醉效果优者所占比例明显高于喷雾法。②患者易接受。常规喷雾法刚开始喷药时患者均有恶心呕吐感,尤其寒冷季节药液温度低,易引起病人刺激性咳嗽。本法患者主动吸入温热的药,不受强迫和药液的刺激,麻醉由浅至深,比较自然,患者容易适应。检查前追加喷药时已不再有恶心呕吐感。③用药量少。喷雾法用药量约需30 ml,喷药时由于咽喉粘膜刺激反应明显,患者不能顺利地进行深吸气,一部分药液流出或吞入胃内,实际吸入起到麻醉作用的药相应减少,常需追加用药。本法患者基本上能将药液全部吸入。④操作简便。喷雾法须由专人麻醉。咽喉高敏患者剧咳时常将药液喷出,需休息后再喷,费时费力。本法配好药后患者自己吸,检查前再喷1～2次,麻醉所需时间短,麻醉后患者耐受时间长[2],减轻了操作人员的工作。

关键词 纤支镜术,超声雾化麻醉

中图法分类号 R768.1

参考文献

1 彭勋,尹福在,郝桂珍. 利多卡因雾化麻醉行纤支镜检查50例. 内镜,1994;11(4):244

2 吴同柱,周鲜艳. 超声波雾化吸入麻醉在纤支镜检查的应用. 临床内科杂志,1994;11(5):43

(收稿:1995-06-19;修回:1995-09-04)

?1994-2016 China Academic Journal Electronic Publishing House. All rights reserved. http://www.cnki.net