

DOI: 10.3969/j.issn.1007-1989.2020.07.008
文章编号: 1007-1989 (2020) 07-0047-05

论 著

中腕穴点按对泌尿外科腹腔镜术后 胃肠功能紊乱的治疗效果*

黄盈, 苏红侠, 李春梅, 王洪萍

(温州医科大学附属第二医院 泌尿外科, 浙江 温州 325027)

摘要: **目的** 探讨中腕穴点按对泌尿外科腹腔镜术后胃肠功能紊乱的治疗效果。**方法** 选取该院泌尿外科 2018 年 6 月—2018 年 12 月腹腔镜术后 24 h 仍未排气排便的患者 96 例作为研究对象, 按照入组日期分为试验组和对照组, 其中试验组 46 例, 对照组 50 例。试验组给予中腕穴点按, 并于首次按摩后 1 h 加强按摩一疗程; 对照组采用运动、热敷等常规治疗, 并对常规治疗 24 h 仍未排气者按照试验组方案给予中腕穴点按。观察两组患者术后排气开始时间、排便开始时间和腹痛评分。**结果** 试验组中 39 例 (84.78%) 患者于首次治疗 90 min 内排气, 开始治疗后 24 h 内总有效率 95.65%。对照组经常规治疗后仍有 42 例患者未排气, 转入试验组接受中腕穴点按治疗, 其中 33 例 (78.57%) 在首次中腕穴按摩后 90 min 内排气, 开始穴位按摩治疗 24 h 内总有效率 95.23%。试验组患者开始治疗后 24 h 的腹痛评分明显低于对照组 ($t=8.76, P=0.000$), 开始排气和排便时间均明显早于对照组 ($t=14.28, P=0.000; t=12.75, P=0.000$)。**结论** 中腕穴点按能有效缓解泌尿外科腹腔镜术后腹胀及排气障碍, 促进患者术后早期康复、改善生活质量。

关键词: 腹腔镜手术; 穴位按摩; 中医治疗; 胃肠功能紊乱; 中腕穴

中图分类号: R472.9

Effect of Zhongwan acupoint pressing therapy on gastrointestinal dysfunction after laparoscopic surgery for urologic diseases*

Ying Huang, Hong-xia Su, Chun-mei Li, Hong-ping Wang

(Department of Urology, the Second Affiliated Hospital of Wenzhou Medical University, Wenzhou, Zhejiang 325027, China)

Abstract: Objective To evaluate the effect of Zhongwan acupoint pressing therapy on gastrointestinal dysfunction after laparoscopic surgery for urologic diseases. **Methods** 96 patients without flatus and defecate in 24 hours after urologic surgery were recruited in the study and were randomized divided into study group and control group from July to December 2018. Study group included 46 subjects and were treated with Zhongwan acupoint pressing therapy, 50 subjects in the control group were treated with traditional treatment, those in control group who still without flatus and defecate in 24 hours with traditional treatment would be treated with Zhongwan acupoint pressing therapy as the study group. The time of the flatus and defecate, as well as the score of the abdominal distention were evaluated in the both groups. **Results** 84.78% of subjects in study group had flatus or defecate within 90 minutes with pressing therapy, and 95.65% subjects had effect within 24 hours treatment. 42 of 50 subjects in control group still had not flatus or defecate within 24 hours of treatment, and they changed to receive Zhongwan acupoint pressing therapy. After they had pressing therapy, 78.57% (33/42) had flatus or defecate

收稿日期: 2019-04-04

* 基金项目: 温州市科技局项目 (No: Y20180334)

with 90 minutes of treatment, and 95.23% of them had effects within 24 hours of pressing treatment. The score of abdominal pain was lower significantly in study group than it in control group ($t=8.76, P=0.000$). The time of post-operative flatus and defecate were earlier in study group than in control group ($t=14.28, P=0.000; t=12.75, P=0.000$). **Conclusion** Zhongwan acupoint pressing therapy could relieve the dysfunction of flatus or defecate and increase intestinal peristalsis after laparoscopic surgery for urologic diseases.

Keywords: laparoscopic surgery; acupoint pressing therapy; Traditional Chinese Medicine treatment; gastrointestinal dysfunctions; Zhongwan acupoint

腹腔镜手术具有痛苦小、安全性高和对机体创伤小等优势,是临床常用的治疗方式。随着外科手术的不断进步,围手术期管理已成为国内外关注的重点,其中术后胃肠功能的恢复是术后恢复的焦点问题之一^[1]。术后腹胀、排气排便延迟和障碍可增加患者痛苦,严重影响患者术后恢复,延长了住院时间,增加患者和社会负担。目前,临床上对患者术后胃肠功能紊乱仍没有确切的治疗方法。近年来,一些中枢性止吐药如昂丹司琼等,能有效改善患者术后恶心呕吐的症状,但不能解决术后腹胀、排气延迟等问题,甚至有症状加重的可能^[2]。因此,以腹胀、排气延迟等为主要表现的胃肠道功能紊乱仍是困扰临床、甚至是影响腹腔镜术后预后和转归的一个重要问题。

中医穴位点按等治疗手段已尝试应用于腹部外

科手术后胃肠功能紊乱的处理。如文献^[3-9]报道,通过中药脐部敷贴能促进术后胃肠功能恢复,相关穴位的针灸、电针和神经刺激等理疗方法也有显著效果。本研究探讨中脘穴点按对泌尿外科腹腔镜术后胃肠功能紊乱的治疗效果。现报道如下:

1 资料与方法

1.1 一般资料

选取 2018 年 6 月—2018 年 12 月泌尿外科腹腔镜手术后 24 h 仍未排气排便的患者 96 例作为研究对象,按照入组日期分为试验组($n=46$)和对照组($n=50$)。两组患者性别、年龄、入组前腹痛评分、麻醉方式和手术类型比较,差异均无统计学意义($P>0.05$),具有可比性。见表 1。本研究经医院伦理

表 1 两组一般资料比较

Table 1 Comparison of general data between the two groups

组别	性别 / 例		年龄 / 岁	腹痛评分 / 分	麻醉方式 / 例			手术类型 / 例		
	男	女			腰麻	硬膜外	全麻	肾肿瘤手术	输尿管取石术	肾取石术
试验组 ($n=46$)	34	12	46.20 ± 13.61	3.34 ± 0.52	20	20	6	16	18	12
对照组 ($n=50$)	39	11	47.40 ± 11.82	3.46 ± 0.41	22	14	14	18	14	18
χ^2/t 值	0.11		0.75 [†]	1.10 [†]	4.28			2.57		
P 值	0.770		0.452	0.272	0.117			0.281		

注: † 为 t 值

委员会批准,患者及家属知情同意。

1.2 方法

1.2.1 试验组 行中脘穴点按。以按摩 5 min 为一疗程,并于首次疗程后 1 h 加强按摩一疗程。按摩时力度适中、以无明显痛感为宜,按摩结束时要达到皮肤发红、局部温热的效果。

1.2.2 对照组 采用常规措施,包括运动、热敷等。经常规处理 24 h 后仍无排气 / 排便者,则采用试验组治疗方案进行中脘穴点按。

1.3 评价指标

观察记录所有患者术后排气开始时间、排便开始时间和腹痛评分。术后腹胀评分标准^[10]: ① 1 分: 无明显腹胀,或已排气; ② 2 分: 患者感轻微腹胀或胃脘部胀闷不适; ③ 3 分: 患者腹胀明显,伴或不伴腹部膨隆,能忍受; ④ 4 分: 腹部膨隆,患者腹胀难忍、烦躁不安、呻吟,甚至出现呼吸困难。

1.4 统计学方法

采用 SPSS 21.0 统计软件进行统计分析,计量资

料以均数 \pm 标准差 ($\bar{x} \pm s$) 表示,行独立样本 t 检验或配对样本 t 检验;计数资料以例 (%) 表示,行 χ^2 检验; $P < 0.05$ 表示差异有统计学意义。

2 结果

2.1 两组患者治疗有效率比较

试验组患者开始穴位按摩治疗后 24 h 内 44 例 (95.65%) 有效,其中 39 例 (84.78%) 于首次治疗 90 min 内排气、腹胀减轻,5 例患者 (10.87%) 经 2 个疗程后排气排便,腹胀减轻;对照组接受常规处理,24 h 内 8 例 (16.00%) 有效,两组患者治疗有效率比较,差异有统计学意义 ($\chi^2 = 61.20, P < 0.01$)。对照组中 24 h 内治疗无效的 42 例患者未排气排便,伴腹痛加重,转入试验组进行中脘穴点按治疗。开始穴位

按摩治疗后 24 h 内 40 例 (95.23%) 有效,其中 33 例 (78.57%) 在首次穴位按摩治疗后 90 min 内排气、腹胀减轻,7 例 (16.67%) 经过 2 个疗程后排气、腹胀减轻。

2.2 两组患者胃肠功能紊乱改善情况比较

两组患者在入组时腹痛评分比较,差异无统计学意义。开始治疗 24 h 后,试验组患者腹痛评分明显低于对照组,两组比较,差异有统计学意义 ($t = 8.76, P = 0.000$)。试验组患者开始治疗 24 h 后的腹痛评分明显低于入组时 ($t = 7.95, P < 0.01$),对照组治疗 24 h 后与治疗前的腹痛评分比较,差异无统计学意义 ($t = 0.88, P = 0.921$)。试验组首次排气和排便时间明显早于对照组,两组比较,差异均有统计学意义 ($P < 0.05$)。见表 2。

表 2 两组患者胃肠功能紊乱治疗效果比较 ($\bar{x} \pm s$)

Table 2 Comparison of therapeutic effect of gastrointestinal dysfunction between the two groups ($\bar{x} \pm s$)

组别	腹痛评分 / 分		术后首次排气 / h	术后首次排便 / h
	入组时	治疗 24 h 时		
试验组 ($n = 46$)	3.34 \pm 0.52	1.89 \pm 0.89	2.80 \pm 5.90	12.89 \pm 6.73
对照组 ($n = 50$)	3.46 \pm 0.41	3.38 \pm 0.78	24.13 \pm 8.39	31.74 \pm 7.67
t 值	1.15	8.76	14.28	12.75
P 值	0.272	0.000	0.000	0.000

3 讨论

3.1 中脘穴点按对腹腔镜术后胃肠功能紊乱的治疗作用

术后胃肠功能紊乱是腹腔镜术后常见并发症,其发生与术前的胃肠道准备、术中手术操作和术后卧床及禁食等均有关^[10-11]。本研究发现,采用中医方法的中脘穴点按能明显改善腹腔镜术后患者的胃肠功能,84.78% 的患者在一次治疗后 90 min 内就可以排气或排便,明显缓解腹胀腹痛症状,少数患者需要两次或多次穴位按摩治疗;95.65% 的患者在接受按摩治疗的 24 h 内排气,有效缓解腹胀腹痛症状。本研究发现,通过运动、热敷等常规治疗无效的 42 例患者,经过中脘穴点按后也能获得良好的治疗效果,进一步证实了中脘穴点按对泌尿外科腹腔镜术后伴有腹胀腹痛的患者有较好的治疗效果。

3.2 中脘穴点按对腹腔镜术后胃肠功能紊乱治疗效果的机制

中医认为,中脘穴为上、中、下三焦之枢纽,可疏调三焦气机,达到气血冲和目的,具有开郁散结、通调六腑的作用。点按该穴能改善肠腑功能,消除或改善肠道功能失常所致的各类证候。现有研究^[12-13]认为,肠神经系统应激和改变是腹腔镜术后胃肠功能紊乱发生的重要神经机制,胃肠激素水平对胃肠动力有明显影响^[14]。现代医学研究^[15-19]认为,腹部按摩、针灸和艾灸等治疗,可以通过调节体内胃肠激素水平达到改善胃肠功能紊乱的作用。中脘穴点按后对患者胃肠功能改善的作用机制仍不明确,可能与穴位按摩及腹部按摩刺激对胃肠神经系统功能和应激状态调控有关^[7, 16],中脘穴点按对胃肠肽等激素的改变仍需要进一步研究。

综上所述,本研究通过比较中脘穴点按和运动、热敷等常规治疗对泌尿外科腹腔镜术后患者腹胀腹痛的治疗效果,发现中脘穴点按能有效缓解腹腔镜术后腹胀、排气障碍,促进患者术后早期康复,改善生活质量。但其作用机制仍需进一步研究评估。

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- 本文引用格式:
黄盈, 苏红侠, 李春梅, 等. 中脘穴点按对泌尿外科腹腔镜术后胃肠功能紊乱的治疗效果[J]. *中国内镜杂志*, 2020, 26(7): 47-51.
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(彭薇 编辑)