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体表电刺激治疗急性脑卒中后排尿障碍的临床观察 [点此下载全文](#)

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摘要:

摘要目的: 观察体表电刺激(ES)治疗急性脑卒中后排尿障碍的临床效果, 探讨排尿障碍治疗的新方法、新思路。方法: 将95例急性脑卒中后排尿障碍患者按照治疗方法不同随机分为2组。常规治疗组采用常规留置或间歇清洁导尿、膀胱训练、药物治疗, 共43例; ES组在常规治疗基础上加用耻骨上区、第2骶孔至第4骶孔体表投影区电刺激治疗, 共52例。对两组患者进行治疗前后排尿日记、膀胱容量测定、生存质量(QOL)评分、国际下尿路综合征症状评分(LUTS), 并观察比较其疗效。结果: 治疗后两组患者的72h尿频次均低于治疗前(P<0.05), 单次尿量均高于治疗前(P<0.05), 且治疗后ES组72h尿频次较常规治疗组明显低(P<0.05), 而单次尿量明显高于常规治疗组(P<0.01); 治疗后, 两组患者的膀胱容量均高于治疗前(P<0.05), 残余尿量均明显低于治疗前(P<0.01)。且治疗后ES组膀胱容量高于常规治疗组(P<0.05), 而残余尿量较常规治疗组明显低(P<0.05); 治疗后两组患者的QOL评分、LUTS评分均低于治疗前(P<0.05, P<0.01), 且治疗后ES治疗组QOL评分、LUTS评分均较常规治疗组低(P<0.05); ES治疗组中尿潴留患者治疗有效率为88.89%, 明显高于常规治疗组(68.75%, P<0.05); ES治疗组中尿失禁患者治疗有效率为85.29%, 明显高于常规治疗组(62.96%, P<0.05)。结论: 对耻骨上区、第2骶孔至第4骶孔体表投影区行电刺激治疗急性脑卒中后排尿障碍疗效肯定, 给临床治疗提供了一个无创、简单、方便、经济且无任何不良反应的方法, 值得临床应用推广。

关键词: [脑卒中](#) [排尿障碍](#) [电刺激](#)

Clinical effects of electric stimulation treatment on patients with urination disorders after stroke [Download Fulltext](#)

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Fund Project:

Abstract:

Abstract Objective: To observe clinical effects of electric stimulation(ES) treatment on patients with urination disorders after stroke, to explore the new method and new idea for treatment of urination disorders after stroke. Method: Ninety-five patients with urination disorders after stroke were divided into 2 groups according to the different therapy. Routine-therapy group (43 cases) received catheterization or intermittent catheterization, bladder training and drug therapy, while the ES group (52 cases) received external electric stimulation on bladder area and the 2nd to 4th sacral foramen projection area based on the routine therapy. Then, voiding diary, measurement of bladder capacity, assessment of quality of life (QOL), lower urinary tract symptoms (LUTS) score before and after the treatments as well as clinical effects were observed. Result: After treatment, in both groups frequencies of voiding dysfunction in 72h were significantly lower, while single urine volume increased significantly(P<0.05); in ES group frequencies of voiding dysfunction in 72h was significantly lower than routine-therapy group (P<0.05), the single urine volume was significantly higher than routine-therapy group (P<0.01). And by treatments, in both groups bladder capacity increased significantly (P<0.05), while residual urine volume decreased significantly(P<0.01), in ES group bladder capacity was significantly higher than routine-therapy group (P<0.05), the residual urine volume was significantly lower than routine-therapy group (P<0.05). Besides, after treatment in both group scores of QOL and LUTS were significantly lower than that before therapy (P<0.05, P<0.01), in ES group scores of QOL and LUTS was significantly lower than routine-therapy group (P<0.05). The improvement rates of urinary retention were 88.89% in ES group and 68.75% in routine-therapy group respectively, and the former was higher than the latter (P<0.05), and the improvement rate of urinary incontinence in ES group was 85.29%, and it was significantly higher than that in routine-therapy group (62.96%, P<0.05). Conclusion: For patients with urination disorders after stroke, the treatment using ES on the 2nd to 4th sacral foramen projection area combine with routine-therapy is an effective means, and is worthy of more clinical application and promotion.

Keywords: [stroke](#) [urination disorder](#) [electric stimulation](#)

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