



Shikani喉镜和Macintosh直接喉镜经口气管插管对血流动力学影响的比较

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Comparison of Hemodynamic Responses to Orotracheal Intubation with Shikani Laryngoscope or Macintosh Direct Laryngoscope

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摘要

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摘要 目的 比较Shikani喉镜和Macintosh直接喉镜经口气管插管对血流动力学的影响。方法 将41例美国麻醉医师协会(ASA) I~II级、年龄20~60岁和拟在经口气管插管全身麻醉下实施择期手术的患者随机分为Shikani喉镜组(S组, n=21)和Macintosh直接喉镜组(M组, n=20), 麻醉诱导后分别采用Shikani喉镜或Macintosh直接喉镜实施经口气管插管操作, 观察两组患者麻醉诱导前、后, 气管插管时和气管插管后5 min内的血压、心率(HR)和二重指数(RPP)变化, 记录气管插管时间。结果 两组患者麻醉诱导后的血压和RPP明显低于麻醉诱导前(P均<0.05), 气管插管后的血压、HR和RPP则明显高于麻醉诱导后(P均<0.05)。与麻醉诱导前相比, 两组患者气管插管后的HR明显升高(P均<0.05), 且均持续约3 min。在插入气管导管后即刻, M组患者的收缩压(SBP)和外周平均动脉压(MAP)明显高于S组患者(P均<0.05), 其余各时间点两组患者的血流动力学指标差异均无统计学意义(P>0.05)。在M组, 患者观察期和气管插管完成后HR出现最大值的时间较SBP出现最大值的时间明显后延(P均<0.05); 与M组比较, S组患者观察期和气管插管完成后出现SBP最大值的时间明显后延(P均<0.05)。两组患者观察期SBP大于、小于基础值30%, HR大于、小于基础值30%及RPP大于22 000的发生率差异均无统计学意义(P均>0.05)。两组患者的气管插管时间差异无统计学意义(P>0.05)。结论 Shikani喉镜正中入路经口气管插管的血流动力学反应轻于Macintosh直接喉镜气管插管。

关键词: Shikani喉镜 Macintosh直接喉镜 经口气管插管 血流动力学反应

Abstract: Objective To compare the hemodynamic responses to orotracheal intubation using a Shikani Optical Stylet (SOS) laryngoscope or a Macintosh direct laryngoscope (MDLS). Methods Totally 41 patients with American Society of Anesthesiologists (ASA) physical status I - II, aged 20-60 years and scheduled for elective surgery under general anesthesia requiring orotracheal intubation, were randomly allocated to either the SOS group (n=21) or MDLS group (n=20). After an intravenous anesthetic induction, the orotracheal intubation was performed using a SOS laryngoscope or a MDLS. Blood pressure and heart rate (HR) were recorded before and after anesthetic induction, immediately after intubation, and 5 minutes after intubation. Rate pressure product (RPP) were calculated. Results Blood pressures and RPP in both two groups significantly decreased after anesthetic induction (P<0.05) while blood pressures, HR, and RPP significantly increased after orotracheal intubation (P<0.05). HR in both groups after intubation were significantly higher than the pre-induction level (P<0.05), and such an increase lasted for 3 min. HR immediately after intubation was also significantly higher in MDLS group than in SOS group (P<0.05); however, such difference was not observed in other time points (P>0.05). In the MDLS group, when compared with the occurrence time required for the maximum values of systolic blood pressure (SBP), the occurrence time required for the maximum values of HR after the start of intubation and success of intubation during the observation were significantly delayed (P<0.05). Compared with the MDLS group, the occurrence time required for the maximum values of SBP after the start of intubation and the success of intubation were significantly delayed in the SOS group (P<0.05). The incidences of SBP more than 130% of baseline value and RPP more than 22 000 were not significantly differently (P>0.05). Also, the intubation time was not significantly different (P>0.05). Conclusion The hemodynamic responses to orotracheal intubation is milder in SOS laryngoscope than in MDLS.

Keywords: Shikani Optical Stylet Macintosh direct laryngoscope orotracheal intubation hemodynamic responses

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