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## 超声引导下腹横肌平面阻滞对腹股沟斜疝患儿术后疼痛的影响

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Title: Analgesic Efficacy of Ultrasound guided Transversus Abdominis Plane Block for Postoperative Analgesia in Children Undergoing Oblique Inguinal Hernia Repair

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关键词: 超声引导; 手术后护理; 镇痛; 儿童

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摘要: 目的 评价超声引导下腹横肌平面(TAP)阻滞用于腹股沟斜疝手术患儿术后镇痛的效果。方法 选择2012年6月至2013年1月在福建中医药大学附属人民医院择期行单侧腹股沟斜疝手术患儿80例为研究对象。其年龄为1~5岁,美国麻醉医师协会分级为I级,按照计算机生成的随机种子表将其随机分为超声引导下TAP阻滞组(研究组)和骶管阻滞组(对照组),两组患儿均为40例,均采用七氟烷吸入诱导并维持,喉罩维持自主呼吸的麻醉方法。研究组行超声引导下TAP阻滞,并注入0.25%罗哌卡因0.5 mL/kg; 对照组行单次骶管阻滞,并注入0.25%罗哌卡因1 mL/kg。两组患儿年龄、体质量等一般临床资料比较,差异无统计学意义( $P > 0.05$ )。比较2种神经阻滞方法术后有效镇痛时间,需要追加镇痛药的病例数,疼痛评分及不良反应(本研究遵循的程序符合福建中医药大学附属人民医院人体试验委员会制定的伦理学标准,得到该委员会批准,分组征得受试对象监护人知情同意,并为之签署临床研究知情同意书)。结果 研究组术后有效镇痛持续时间为18.5 h [95% CI (16.4~20.5)]; 对照组术后有效镇痛持续时间为8.7 h [95% CI (6.3~11.1)]。与对照组比较,研究组术后有效镇痛持续时间明显延长,差异有统计学意义( $P < 0.001$ )。两组根据麻醉效果需要追加镇痛药的病例数分别为17例(42.5%)和32例(80.0%),差异亦有统计学意义( $P < 0.05$ )。对照组有5例(12.5%)患儿发生下肢运动阻滞。两组患儿恶心、呕吐等不良反应发生率比例,差异无统计学意义( $P > 0.05$ )。结论 超声引导下TAP阻滞,在减少局部麻醉药用量同时,可以延长腹股沟斜疝手术患儿术后镇痛时间,减少不良反应。

Abstract: Objective The present study was designed to evaluate the analgesic efficacy of ultrasound guided transverse abdominis plane (TAP) block in children undergoing oblique inguinal hernia repair. Methods A total of 80 cases from June 2012 to January 2013 in People's Hospital Affiliated to Fujian University of Traditional Chinese Medicine between 1 and 5 years old, American Society of Anesthesiologists physical status I, who were undergoing unilateral oblique inguinal hernia repair were randomly (according to random list generated by a computer)divided into TAP block group (research group,  $n = 40$ ) and caudal block group (control group,  $n = 40$ ).General anaesthesia was induction and maintain with sevoflurane via laryngeal mask airway. A TAP block using ultrasound guidance with 0.25% ropivacaine 0.5 mL/kg or caudal block with 0.25% ropivacaine 1 mL/kg, was performed on the same side as the hernia. Main outcome measures includes time to first analgesic, the number of patients required rescue analgesia, pain scores and adverse effects. The age, body mass, etc of general clinic data of 2 groups had no significant difference ( $P > 0.05$ ). The study protocol was approved by the Ethical Review Board of Investigation in Human Beings of People's Hospital Affiliated to Fujian University of Traditional Chinese

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结束

Medicine. Informed consent was obtained from the parents of each participating patient. Results The time to first analgesic was significantly longer in research group than in control group {18.5 h [95% CI (16.4 -20.5) ] vs. 8.7 h [95% CI (6.3-11.1) ] } ( P<0.001). A significantly less number of patients required rescue analgesia in research group than in control group [17 (42.5%) vs. 32 (80.0%) ] ,( P <0.05). There were 5 (12.5%) patients with motor block in control group and the incidence of other adverse effects was similar in both groups ( P >0.05) . Conclusions Ultrasound guided TAP block provides prolonged postoperative analgesia and reduced analgesic dosis and adverse effect after unilateral hernia repair in children.

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#### 参考文献/REFERENCES

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