

[1]黄艰,文欣荣,崔剑,等.结肠癌术后硬膜外(静脉)自控镇痛对血小板活化的影响[J].第三军医大学学报,2014,36(16):1742-1745.

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## 结肠癌术后硬膜外(静脉)自控镇痛对血小板活化

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Title: Effects of PCEA and PCIA on platelet activation in patients with colonic carcinoma operation

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摘要: 目的 探讨结肠癌术后自控硬膜外镇痛与静脉镇痛对血小板活化的影响。 方法 选取结肠癌患者70例,采用随机数字表法分为自控硬膜外镇痛组(PCEA组)和自控静脉镇痛组(PCIA组)各35例。术毕给予镇痛药物,PCEA组:舒芬太尼0.5 μg/mL+左布比卡因4 mg/mL,以3 mL/h的速度输注,B组:舒芬太尼1 μg/mL+昂丹司琼8 mg+维生素B<sub>6</sub> 100 mg以2.5 mL/h的速度输注。术后控制VAS评分≤3分。检测术前30 min、手术开始1 h、术毕30 min及术后4、12、24、48 h(记为T<sub>1</sub>~T<sub>7</sub>)血小板α-颗粒膜蛋白-140(granule membrane protein-140,GMP-140)、血浆胰岛素和皮质醇含量和血糖浓度,并进行VAS评分,记录术后各种不良反应的发生情况。 结果 PCEA和PCIA组分别有34、32例进入本研究。在T<sub>5-7</sub>时点PCEA组GMP-140含量均低于PCIA组,差异有统计学意义(P<0.01)。两组在不同时点血浆胰岛素、皮质醇和血糖含量结果比较,差异无统计学意义(P>0.05)。在术后T<sub>4-7</sub>进行VAS评分显示,PCEA组VAS数值均低于PCIA组,差异亦有统计学意义(P<0.01),PCEA组术后恶心、呕吐发生率低于PCIA组。两组均未出现呼吸抑制病例。 结论 患者自控硬膜外镇痛对结肠癌术后血小板活化的抑制效应优于自控静脉镇痛,其不良反应较少,自控硬膜外镇痛是结肠癌患者术后镇痛的较佳方式。

Abstract: Objective To investigate the effects of patient-controlled epidural analgesia (PCEA) and patient-controlled intravenous analgesia (PCIA) on platelet activation in patients with colonic carcinoma operation. Methods Seventy patients with colonic carcinoma, in accordance with the random number table, were divided into 2 groups, group PCEA (n=35) and group PCIA (n=35). The drugs of

group PCEA included sufentanil 0.5  $\mu\text{g}/\text{mL}$ +levebupivacaine 4 mg/mL, with background infusion 3 mL/h. The drugs of group PCIA included sufentanil 1  $\mu\text{g}/\text{mL}$ +ondansetron 8 mg+vitamin B6 100 mg, with background infusion 2.5 mL/h. VAS score after operation was controlled to not greater than 3. The concentrations of granule membrane protein-140 (GMP-140), insulin, cortisol and blood glucose were measured in 30 min before operation, 1 h after operation beginning, and 30 min, 4 h, 12 h, 24 h, and 48 h after the end of operation ( $T_1$  to  $T_7$ , respectively). VAS score and adverse reaction were also recorded.

**Results** Thirty-four cases in group PCEA and thirty-two cases in group PCIA were involved separately. The concentration of GMP-140 in group PCEA was significantly lower than that in group PCIA at  $T_{5-7}$  ( $P<0.01$ ). There was no statistical difference in the concentrations of insulin and cortisol in plasma and blood glucose between the 2 groups at different time points ( $P>0.05$ ). The VAS score of group PCEA was lower than that of group PCIA at  $T_{4-7}$  ( $P<0.01$ ). The incidence of nausea and vomiting in group PCEA was lower than that in group PCIA ( $P<0.01$ ). Respiratory depression did not occurred in the 2 groups.

**Conclusion** PCEA, with less adverse reactions and better inhibitory effects on platelet activation than PCIA, is a superior choice for patients with colonic carcinoma operation.

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