

论著

腹腔镜规则性肝叶切除术治疗肝胆管结石

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摘要 摘要: 目的 探讨腹腔镜规则性肝叶切除术治疗肝胆管结石的可行性及安全性。方法 对14例肝内胆管结石集中于半肝的肝胆管结石患者采用完全腹腔镜下规则性肝叶切除术, 与同期完成的20例开腹规则性肝叶切除术患者进行比较, 了解术中出血、手术历时、术后恢复等情况。结果 腹腔镜组14例完全腹腔镜下规则性肝叶切除术均获成功, 手术时间为190~420min, 平均(259±134) min;术中出血量220~1000ml, 平均(454.5±314.2) ml;仅1例应用镇痛剂, 术后无严重并发症, 术后7~14d带T管出院, 术后平均住院时间(9.2±3.4) d。开腹组20例手术时间为125~257min, 平均(178±58) min;术中出血量210~1200ml, 平均(550.9±348.1) ml;术后切口感染2例、胃瘫1例、肺部感染1例, 术后9~25d带T管出院, 术后平均住院时间(13.4±4.7) d。腹腔镜组手术时间较开腹组显著延长(P<0.05), 腹腔镜组术后并发症发生率及住院天数较开腹组显著减少(P<0.05, P<0.01), 腹腔镜组术中出血量与开腹组比较差异无显著性(P>0.05)。结论 完全腹腔镜规则性肝叶切除术治疗肝胆管结石是安全可行的, 可有效降低术后并发症, 痛苦少, 是一种良好的微创肝切除方式。

关键词 [腹腔镜](#) [规则性肝叶切除术](#) [肝胆管结石](#)

分类号

Laparoscopic Anatomical Hepatectomies for Intrahepatic Bile Duct Stone

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Abstract ABSTRACT: Objective To assess the feasibility and safety of laparoscopic anatomical hepatectomies (LAH) for intrahepatic bile duct stone. Methods LAH was performed in 14 patients with intrahepatic bile duct stone, while another 20 patients with intrahepatic bile duct stone underwent classical operation. Surgical time, blood loss, postoperative complications, and postoperative hospital stay were recorded. Results The operations were successful in all 14 patients who underwent LAH. Surgical time was 190-420 min [mean (259±134)min]. Blood loss during operation was 220-1000 ml [mean (454.5±314.2) ml]. No serious postoperative complications occurred. All these 14 patients were discharged with T drain 7-14 days later, and the mean postoperative hospital stay was(9.2±3.4) days. In the classical operation group, the surgical time was 125-257 min [mean (178±58) min] and the blood loss was 210-1200ml [mean (550.9±348.1) ml]. All the patients were discharged with T drain 9-25 days after operation, and the mean postoperative hospital stay was (13.4±4.7) days. Surgical time of LAH was longer than classical operation (P<0.05). Rate of postoperative complications and postoperative hospital stay were decreased in LAH (P<0.05, P<0.01). The difference of blood loss during operation was no significance between LAH and classical operation (P>0.05). Conclusions LAH is feasible and safe for selected patients with intrahepatic bile duct stones. As a minimally invasive procedure, it can reduce surgical time, blood loss, hospital stay, and postoperative complications.

Key words [laparoscopic](#) [anatomical hepatectomy](#) [intrahepatic bile duct stone](#)

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