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## 不同术式对慢传输型便秘患者的疗效、营养 影响 (PDF) 分享到:

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Title: Effect of different operative approaches on efficiency, and nutritional and health status of slow transit constipation patients

作者: 刘宝华; 魏东; 杨向东; 高峰; 钱群; 李凡; 付涛; 屈景辉; 任彦武; 江从庆; 童卫东; 张安平; 李春穴; 吴劲松; 李光焰  
第三军医大学大坪医院野战外科研究所普通外科, 全军便秘诊治中心; 解放军第150医院全军肛肠外科研究所; 成都肛肠医院; 兰州军区兰州总医院肛肠外科; 武汉大学中南医院肛肠外科

Author(s): Liu Baohua; Wei Dong; Yang Xiangdong; Gao Feng; Qian Qun; Li Fan; Fu Tao; Qu Jinghui; Ren Yanwu; Jiang Congqing; Tong Weidong; Zhang Anping; Li Chunxue; Wu Jinsong; Li Guangyan  
Department of General Surgery, Center of Constipation Diagnosis and Treatment, Institute of Surgery Research, Daping Hospital, Third Military Medical University, Chongqing, 400042; Institution of Colorectal Surgery, No. 150 Hospital of PLA, Luoyang, Henan Province, 471031; Chengdu Colorectal Hospital, Chengdu, Sichuan Province, 610035; ....., China

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**摘要:** 目的 观察全结肠切除回直肠吻合术 (ileorectal anastomosis, IRA) 和次全结肠切除盲直肠吻合术 (caeco-rectal anastomosis, CRA) 治疗慢传输型便秘患者的效果, 以及对患者营养状况和健康状况的影响。 方法 收集5家医院提供的行全结肠切除回直肠吻合术的40例患者, 以及行次全结肠切除盲直肠吻合术的32例患者临床资料, 对手术资料和术后随访资料进行统计分析, 观察患者术前和术后的血红蛋白、总蛋白和白蛋白含量; 采用术后全身情况调查表、MNA营养状况调查表、健康调查评分量表(SF-36)、社会生活情况调查表, 分析两种手术治疗效果, 以及对患者营养状况和健康状况的影响。 结果 IRA组和CRA组术后3个月患者对手术满意度为87.5%, 术后6个月都在90.0%以上。两组大便次数增多的例数随术后时间延长而减少, 与各自术后3个月的例数相比, IRA组术后1年的例数显著减少 ( $P<0.01$ ), CRA组术后6个月的例数也显著减少 ( $P<0.05$ )。IRA组和CRA组术后1年应用止泻剂例数显著少于各自术后3个月的例数 ( $P<0.05$ ,  $P<0.01$ )。IRA组术后的血红蛋白和白蛋白含量较CRA组显著增高 ( $P<0.05$ )。两组MNA营养状况调查指标数值之间无统计学差异 ( $P>0.05$ ), 两组各指标得分均接近最高分。两组健康调查评分量表数值之间无统计学差异 ( $P>0.05$ )。两组的健康状况、情绪问题和对周围生活的感受的得分只有最高分的68.8%~82.4%。 结论 IRA和CRA手术能缓解患者便秘症状, 术后营养状况良好, 健康状况和社会生活受到一定程度的影响。IRA和CRA手术都适用于治疗慢传输型便秘, 可根据患者的个体情况选择手术方式。

**Abstract:** Objective To investigate the efficiency of total colectomy with ileorectal anastomosis (IRA) and subtotal colectomy with caeco-rectal anastomosis (CRA) and the effect on the nutritional and health status in the patients with slow transit constipation (STC). Methods A total of 40 STC patients receiving IRA (33 females) with a mean age of 49.1 years (ranging from 18 to 79), and a mean follow-up period of 63.9 months (ranging from 11 to 263 months), and another 32 STC patients receiving CRA (26 females) with a mean age of 52.6 years (ranging from 21 to 73), and a mean follow-up period of 33.2 months (ranging from 6 to 113 months) were enrolled in this multi-center study. There was no significant difference in the gender and age between the 2 groups. Their serum levels of hemoglobin, total protein and albumin, and the percentage of lymphocytes before and after operations were compared. The 36-item short-form health survey questionnaire (SF-36), mini-nutritional assessment (MNA), postoperative general condition questionnaire, and social activities questionnaire were used to evaluate the efficiency of the 2 approaches. The efficiency, and nutritional and health status in the patients were investigated and compared after the procedures. Results There were 87.5% patients from the 2 groups feeling satisfied with the outcome of the procedures in 3 months after surgery, and the

percentage was increased to 90.0% in 6 months after surgery. The number of cases with frequent bowel movements in both groups was decreased with the time elapsing. The number in group IRA at 12 months, and the number in the group CRA at 6 months after surgery were decreased significantly when compared with the number in their own groups at 3 months after surgery ( $P<0.01$  and  $P<0.05$  respectively). The patients with anti-diarrhoica application in 12 months after surgery were decreased significantly in both groups when compared with their own groups in 3 months after surgery ( $P<0.01$  and  $P<0.05$  respectively). Postoperative serum levels of hemoglobin, total protein and albumin, and the percentage of lymphocytes were significantly higher in IRA group than in CRA group ( $P<0.05$ ). There was no difference in MNA assessment in both groups ( $P>0.05$ ). The scores in both groups were close to the highest levels. There was no difference in the