

## 乳腺肿瘤专题研究

### 腔镜辅助与传统乳腺癌改良根治术术后患者自测健康状况比较

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#### 摘要:

目的: 通过对乳腺癌患者术后健康状况(包括生理、心理和社会健康)的评价, 比较乳腺癌改良根治术(MRM)与腔镜辅助下MRM(E-MRM)的临床疗效。方法: 选取同期行两种不同手术方式的70例乳腺癌患者进行调查, 其中近期组30例(E-MRM和MRM各15例), 远期组40例(E-MRM和MRM各20例)。应用自测健康评定量表1.0(SRHMS V1.0)对患者术后的健康状况进行评分。结果: 近期组(术后2个月以内)术后1周, 行E-MRM患者在日常生活功能、身体活动功能、生理健康子量表总分方面的评分高于行MRM患者(均 $P<0.05$ ); 术后2个月, 行E-MRM患者在日常生活功能、身体活动功能、正向情绪、社会资源与社会接触、社会健康子量表总分和自测健康评定量表总分方面的评分高于行MRM患者(均 $P<0.05$ )。远期组(术后2年以上)中, 行E-MRM患者在日常生活功能、身体活动功能、正向情绪、社会资源与社会接触、社会健康子量表总分和自测健康评定量表总分方面高于行MRM患者(均 $P<0.05$ )。结论: E-MRM较传统MRM在乳腺癌患者术后健康恢复方面具有明显优势, 是治疗I、II期乳腺癌一种合理有效的术式。

关键词: 乳腺肿瘤; 乳房切除术 改良根治性; 健康状况

### Endoscopic-assisted versus conventional modified radical mastectomy: comparison of the postoperative health status in breast cancer patients

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#### Abstract:

Objective: To compare the clinical efficacies of conventional modified radical mastectomy (MRM) and endoscopic-assisted MRM (E-MRM) for breast cancer through evaluation of the patients' postoperative health status that included the physical, psychological and social function. Methods: Seventy breast cancer patients undergoing either one of the two procedures during the same period were selected for investigation. Thirty patients with 15 cases each undergoing MRM or E-MRM were designated as short-term evaluation group, and 40 patients with 20 cases each undergoing MRM or E-MRM designated as long-term evaluation group. The health status of each patient was scored by using the self-rated health measurement scale revision 1.0 (SRHMS V1.0). Results: In short-term evaluation group (within 2 months after surgery), the scores for daily living and physical mobility function, and the aggregate score for physical health subscale in patients undergoing E-MRM were higher than those in patients undergoing MRM at one week after surgery (all  $P<0.05$ ); the scores for daily living, physical mobility, positive emotion, social resource and contact function, and the aggregate score for social health subscale and SRHMS in patients undergoing E-MRM were higher than those in patients undergoing E-MRM two months after surgery (all  $P<0.05$ ). In long-term evaluation group (more than two years after surgery), the scores for daily living, physical mobility, positive emotion, social resource and contact function, and the aggregate score for social health subscale and SRHMS in patients undergoing E-MRM were higher than those in patients undergoing E-MRM (all  $P<0.05$ ). Conclusion: E-MRM has a distinct advantage in postoperative health recovery for breast cancer patients compared with the conventional MRM, so it is a rational and effective procedure for stage I to II breast cancer.

扩展功能

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