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TURP术后尿道狭窄临床分析及对策研究(PDF)

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Title: Clinical analysis and countermeasure for post-transurethral resection of prostate urethral stricture

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关键词: [TURP](#); [尿道狭窄](#); [病因](#); [治疗](#)

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摘要: 目的 探讨经尿道前列腺切除术(transurethral resection of prostate, TURP)术后尿道狭窄的预防及诊治策略。方法 回顾性分析2006-2010年本科104例TURP术后尿道狭窄患者临床资料,总结患者术后临床症状、发病时间、狭窄发生部位及疗效,结合临床检查情况进行分析。结果 前列腺增生患者TURP术后尿道狭窄发生率为(4.44%, 104/2 341); TURP术后尿道狭窄多发生于术后1年内,术后4~6个月为本组尿道狭窄发生高发期(41.35%, 43/104); TURP术后尿道狭窄最常见狭窄部位为膜部尿道(35.58%,37/104),其次为尿道外口(21.15%, 22/104)、膀胱颈(18.27%, 19/104)及悬垂部(15.38%, 16/104)。结论 加强手术操作技能训练、尿管护理及充分润滑有助于预防TURP术后尿道狭窄的发生,治疗需要根据尿道狭窄部位及程度进行选择。

Abstract: Objective To analyze the clinical characteristics of urethral

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stricture after transurethral resection of prostate (TURP).

Methods One hundred and four patients with urethral stricture after TURP were reviewed since January 2006 to December 2010. **Results** The incidence of the 104 patients suffered with urethral stricture after TURP was 4.44% (104/2 341). Most urethral stricture occurred within one year after TURP, and the occurrence of urethral stricture reached the peak at 4-6 months after TURP (41.35%, 43/104). The extremely common stricture site was membranous urethra (35.58%, 37/104), followed by external urethral orifice (21.15%, 22/104), neck of bladder