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腹腔镜结肠旷置逆蠕动盲直肠吻合术治疗老年慢传输效果(PDF) 分享到:

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Title: Clinical efficiency of laparoscopic colonic bypass with antiperistaltic cecoproctostomy in treatment of elderly slow transit constipation

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关键词: [慢传输型便秘](#); [腹腔镜手术](#); [老年](#)

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摘要: 目的 观察结肠旷置逆蠕动盲直肠吻合术治疗老年慢传输型便秘的效果, 患者生活质量改善情况, 以及对患者预后的影响。 方法 收集2007年4月至2010年4月本研究所行腹腔镜结肠旷置逆蠕动盲直肠吻合术治疗70岁以上老年顽固性慢传输型便秘患者26例的临床资料, 包括术中出血量、手术时间、首次排气时间、住院时间, 以及术前和术后3、6、12个月的每天排便次数(BM)、Wexner肛门失禁评分(WIS)、Wexner便秘评分(WCS)、胃肠生活质量指数(GIQLI)、0~10数字疼痛强度量表(NRS)、腹胀和腹痛频率评分、Clavien-Dindo手术并发症分级(CD)变化。 结果 26例患者包括男性9例, 女性17例, 年龄(72.9±2.7)岁, 术前便秘症状严重, WCS值为(16.62±1.24), 生活质量较差, GIQLI值非常低, 为(63.58±4.84)。患者都安全、顺利进行腹腔镜手术, 手术时间(41.85±3.73)min, 首次排气排便时间(3.92±1.92)d, 住院时间(8.62±1.70)d, 没有发生吻合口瘘, CD> I级并发症3例, 均为肺部感染, 经治疗痊愈, 无粘连性肠梗阻。术后3、6个月无严重腹泻, 无肛门失禁。术后6个月每天排便(3.20±2.02)次, WIS评分为(2.50±1.94)。患者术后临床症状明显改善, 术后3、6、12个月WCS评分、GIQLI指数、腹痛和腹胀频率与术前比较明显改善, 差异有统计学意义($P<0.01$), 术后3、6、12个月腹痛强度NRS值比较差异无统计学意义(P 值分别为0.752、0.245、0.501), 其中NRS≥7的仍有7例占26.92%。 结论 腹

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腹腔镜结肠旷置逆蠕动盲直肠吻合术对于老年人，尤其是伴有心肺脑疾病严重的原发性慢传输型便秘患者是较理想的方法，但是在应用过程中应严格掌握手术适应证，确保术后效果。

Abstract: **Objective** To determine the clinical efficiency of laparoscopic colonic bypass with antiperistaltic cecoproctostomy in the treatment of elderly patients with slow transit constipation (STC), and investigate its effect on the life quality and postoperative outcomes. **Methods** Clinical data of 26 elderly patients with age over 70 years old with intractable STC treated by laparoscopic colonic bypass with antiperistaltic cecoproctostomy in our institution from April 2007 to April 2010 were collected and retrospectively analyzed in this study. Intra-operative blood loss, operative time, first ventilation time, hospital stay, pre- and post-operative number of daily bowel movement (BM) at 3, 6 and 12 months after the operation were analyzed. Wexner incontinence scale (WIS), Wexner constipation scale (WCS), Gastro-Intestinal Quality of Life Index (GIQLI), abdominal pain scale (0-10 in numerical rating scale, NRS), abdominal pain frequency and abdominal distension frequency scale, and Clavien-Dindo classification were adopted to evaluate the outcome and surgical complication (CD). **Results** The average age of 26 patients was 72.85 ± 2.723 , and most of them were female. Before the operation, all patients suffered from severe preoperative constipation, with a mean WCS score of 16.62 ± 1.235 , and very poor life of quality demonstrated by extremely low preoperative GIQLI score of 63.58 ± 4.843 . Laparoscopic surgeries were successfully carried out for all patients, with an average operative time of 41.85 ± 3.728 min, the first bowel movements time of 3.92 ± 1.917 d, and average hospital stay of 8.62 ± 1.699 d. There was no case with anastomotic leakage or adhesive occlusion, and 3 cases had the surgical complications of CD>I, as pulmonary infection, and they were cured after the treatment operation. At the 3 th and 6 th months after the operation, no case presented serious diarrhea or fecal incontinence. After 6 months, the daily defecation reached 3.20 ± 2.02198 times, and WIS was 2.50 ± 1.944 . WCS score, GIQLI index, frequency of abdominal pain and distension at the 3rd, 6th and 12th month were much better than those before the operation ($P < 0.01$). No difference was found in NRS value of abdominal pain intensity at the 3rd, 6th and 12th month, and 7 patients showed $NRS \geq 7$, accounting for 26.92%. **Conclusion** Laparoscopic colonic bypass with antiperistaltic cecoproctostomy is an ideal approach for elderly STC patients, especially for those accompanied with cardiopulmonary and cerebral diseases. In the operation, surgical indications should be strictly conducted to ensure curative effect.

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