



微量泵静脉输注雷米芬太尼复合丙泊酚在小儿唇裂修复中的应用

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The application of remifentanil complexed propofol by micro pump in children's c

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摘要

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摘要 目的 比较微量泵输注雷米芬太尼复合丙泊酚用于小儿唇裂修复中的麻醉与氯胺酮复合丙泊酚对患儿血流动力学和苏醒的影响。方法 选择600例唇裂修复术的患儿,年龄3~12个月,美国麻醉医师协会术前评估I~II级,随机分为雷米芬太尼复合丙泊酚组(R组)和氯胺酮复合丙泊酚组(K组),每组300例常规麻醉诱导后,R组采用微量泵分别输注雷米芬太尼和丙泊酚维持麻醉,K组采用微量泵分别静脉输注氯胺酮和丙泊酚维持麻醉,2组均接带小儿储气囊吸氧管,保留自主呼吸,手术结束前5min停止所有药物。记录患儿术中中心率、血压、呼吸、脉搏氧饱和度以及术后的拔管时间和清醒程度。结果 K组患儿的术中血压和心率较R组高,术后苏醒程度较差,拔管时间较R组长,且差异具有统计学意义(P<0.05)。呼吸和脉搏氧饱和度的差异不明显。结论 微量泵静脉输注雷米芬太尼复合丙泊酚是小儿唇裂修复术一种较好的麻醉方法。

关键词: 雷米芬太尼 氯胺酮 血流动力学 麻醉 小儿唇裂

Abstract: Objective To compare the haemodynamics and awake grade influence to children between intravenous infusion remifentanil complexed propofol and ketamine complexed propofol by micro pump in children's cleft lip repair. Methods We choosed 600 children with cleft lip whose age were 3 to 12 months and I to II grade in ASA and divided them into remifentanil complexed propofol group (group R) and ketamine complexed propofol group (group K) in random. Every group had 300 cases. After anesthesia induction routly, group R was anesthetized by intravenous infusion remifentanil complexed propofol and group K was anesthetized by ketamine complexed propofol. Two groups were band snuff air tube with reserve air bag and remained spontaneously breathing. All drugs were stopped 5 minutes before the end of the operation. During operation, heart rate, blood pressure, respiration rate, saturation of blood oxygen, tease tube time and awake grade were recorded. Results During operation, blood pressure and heart rate were higher in group K than in group R. Awake grade and tease tube time were longer in group K than in group R. There was a significant difference between two groups (P < 0.05). However, there were not significant difference between respiration rate and saturation of blood oxygen. Conclusion The method of intravenous infusion remifentanil complexed propofol by micro pump was better in children's cheilognathus prothesis operation.

Keywords:

Received 2009-03-11;

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引用本文:

邢宏萍^{1, 2}, 柳新华³, 王俊锡¹, 杜月梅¹.微量泵静脉输注雷米芬太尼复合丙泊酚在小儿唇裂修复中的应用[J] 国际口腔医学杂志, 2010,V37(02): 161-161~162,169

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