

鞘内注射芬太尼对硬膜外麻醉下剖宫产术中恶心呕吐的抑制作用

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摘要 目的 观察鞘内注射芬太尼对硬膜外麻醉下剖宫产术中恶心呕吐发生的抑制作用遥方法 将硬膜外麻醉下行剖宫产术者 30 例渊SA 分级玉~域级冤随机均分为对照组和芬太尼组袁比较两组产妇术中出现恶心呕吐的情况袁并对娩出婴儿行 Apgar 评分遥结果 对照组与芬太尼组术中发生恶心者分别为 5 例渊3.3%冤和 1 例渊.7%冤渊对照组呕吐或干呕发生率则显著高于芬太尼组渊<0.05冤渊两组娩出婴儿的 Apgar 评分无显著差异渊>0.05冤遥结论 鞘内注射芬太尼能减少产妇硬膜外麻醉下剖宫产术中恶心呕吐的发生遥

关键词 麻醉袁硬膜外注射袁鞘内芬太尼袁剖宫产术袁手术中并发症 / 药物疗法

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Inhibiting effect of intrathecal fentanyl on intraoperative vomiting during cesarean delivery under epidural anesthesia

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Abstract: Objective To observe the inhibiting effect of intrathecal (IT) fentanyl on nausea and vomiting during cesarean delivery under epidural anesthesia. Methods Thirty healthy parturients (ASA grade 玉 to 域) were randomly assigned in equal numbers into control and fentanyl groups (n=15 each, patients in the latter group treated with IT fentanyl at the dose of 20 滋/ml). The incidence of nausea and vomiting during the elective cesarean delivery under epidural anesthesia between the 2 groups were compared and the neonates' Apgar scores assessed after the delivery. Result Intraoperative nausea and vomiting/retching were reduced in the IT fentanyl group as compared with the control group (6.7% vs 33.3% and 0 vs 26.7%, P>0.05 and P<0.05 respectively). The neonates' Apgar scores were not significantly different between the 2 groups (P>0.05). Conclusion IT fentanyl can decrease intraoperative vomiting during cesarean delivery performed under epidural anesthesia.

Key words: anesthesia, epidural; injections, spinal; fentanyl; cesarean section; intraoperative complications/drug therapy

有报道袁区域麻醉下剖宫产术中恶心呕吐的发生率最高可达 66%遥本研究观察了网膜下腔注射芬太尼对硬膜外麻醉下剖宫产术中产妇恶心呕吐发生的抑制作用遥

1 资料和方法

1.1 病人及分组

择期行剖宫产术的健康产妇 30 例袁年龄 20~41 岁袁平均 28 岁袁SA 渊美国麻醉医师协会冤分级玉~域级袁排除术前有眩晕症袁妊娠剧吐及妊高症者袁将产妇随机等分为对照组和芬太尼组渊渊组的年龄袁身高袁体重质量无显著差异冤遥

1.2 麻醉方法

所有产妇术前 30min 均肌肉注射安定 10mg 袁入室后监测无创血压渊NIBP冤袁心率渊HR冤袁氧饱和度渊pO₂冤袁渊呼吸频率冤渊鼻导管吸氧渊静脉补液渊渊-2 间隙硬膜外穿刺置管袁以 2.6 G 腰穿针 L₃₋₄ 间隙穿刺遥对照组蛛网膜下腔注入生理盐水 3ml 袁芬太尼组蛛网膜

下腔注入芬太尼渊0 滋/ml冤渊平卧渊轻度左倾冤后袁袁硬膜外导管注入 2% 利多卡因 5 ml 袁 min 后测定麻醉平面遥根据产妇 NIBP 渊体重渊身高以芋液渊% 利多卡因 15ml+1% 地卡因 5ml 配制冤首次剂量 5~10 ml 注入硬膜外腔袁每隔 40~50min 硬膜外腔追加 3/4~1/2 的首次剂量维持麻醉遥如血压降低超过基础血压的 20% 袁即静脉注射麻黄素 5~15mg 并加快补液袁中维持血压在基础值依 0% 的范围之内遥

由其他麻醉医师渊前述操作者冤在娩出婴儿渊子宫外置修复渊筋膜修补时询问病人是否有恶心感并观察病人是否出现呕吐或干呕遥婴儿娩出后进行 Apgar 评分遥如术中产妇发生恶心渊呕或呕吐即静脉注射枢丹渊ndansetron 冤mg 遥

1.3 统计分析

采用 SPSS10.0 软件包进行统计分析遥恶心呕吐发生率的组间比较采用 Pearson 字检验袁 Apgar 评分组间比较采用 t 检验遥

2 结果

两组硬膜外阻滞平面为 L₄~T₈ 遥术中血流动力学稳定袁呼吸抑制发生率渊pO₂>97% 遥两组术中恶心发

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生率分别为 33.3%和 6.75%袁经统计处理袁差异不显著渊>0.05冤两术中呕吐或干呕发生率则有显著差异渊<0.05冤两组婴儿娩出时 Apgar 评分无显著差异渊>0.05冤见表 1 遥

表 1 两组术中恶心尧呕吐的发生率及婴儿的 Apgar 评分 渊依) Tab.1 The incidences of nausea and vomitting in the 2 groups during the operation and Apgar grade of the infants (Mean 依D)

Group	Nausea(%)	Vomitting(%)	Apgargradeoftheinfants
Control	5(33.3)	4(26.7)*	9.067 依 96
Fentanyl	1(6.75)	0(0)*	9.200 依 86

*P<0.05

3 讨论

区域麻醉下行剖宫产术袁皮肤感觉阻滞袁由于腹膜的牵拉尧子宫外置等仍常致恶心尧呕吐发生并伴随内脏疼痛遥

静脉注射胃复安尧氟哌定尧-HT₃ 受体阻滞剂渊如丹等冤可减少剖宫产术中恶心尧呕吐的发生袁但这些药物的副作用限制了其广泛应用遥

Pan 等认为枢丹可减少恶心尧呕吐的发生袁枢丹会引起短暂头痛并使肝脏代谢酶上升袁而且 5-HT₃ 受体阻滞剂价格昂贵遥

鞘内注射脂溶性阿片类药物作为剖宫产术腰麻的佐药袁改善术中尧术后的镇痛袁减少术中恶心尧呕吐的发生遥

由于腰麻的安全性较差袁近年国内外选择硬膜外阻滞作为剖宫产术的首选麻醉方法袁其止痛效果确实袁麻醉平面和血压的控制较容易袁解除宫缩痛袁宫缩无明显抑制袁腹壁肌肉松弛袁对胎儿呼吸循环无抑制遥但目前尚无有关鞘内注射阿片类药物对单纯硬膜外阻滞下剖宫产术中恶心尧呕吐的报道遥

本研究中硬膜外阻滞平面为 L₄~T₈袁术中血流动力学稳定袁低血压发生率排除由于低血压而引起恶心尧呕吐的影响因素遥

多种研究证实鞘内注射大剂量阿片类药物可引起病人瘙痒遥本研究中鞘内注射芬太尼剂量较小袁术中病人无自觉瘙痒遥

有报道在实验性研究中鞘内注射阿片类药物可引起呼吸抑制袁相关临床研究并未发现呼吸抑制发生遥本研究中无人发生呼吸抑制袁所有产妇术中 SpO₂>97%袁为 18~25 次 /min袁但由于本组病例

数不多袁仍需进一步观察遥

本研究发现鞘内注射芬太尼可显著减少硬膜外麻醉下剖宫产术中呕吐发生袁明显副作用袁效果确实可靠遥虽然对照组术中恶心发生率渊3.3%冤高于芬太尼组渊7%冤袁但组间统计学比较无明显差异渊>0.05冤袁可能为样本例数较少之故遥

综上所述袁鞘内注射芬太尼对减少硬膜外麻醉下剖宫产术中呕吐发生效果确实袁有关其他阿片类药物鞘内注射对恶心尧呕吐的预防作用及其机制还有待于进一步研究遥

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