

【临床护理】

自体干细胞移植治疗糖尿病足的护理

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【摘要】介绍了自体干细胞移植治疗5例糖尿病足患者的术前准备和心理护理、术后并发症和不良反应的观察与护理。于治疗后1~8周,患者肢体疼痛、冷感觉有显著好转,溃疡面愈合,未出现移植相关并发症及不良反应。术前皮下注射粒细胞集落刺激因子动员骨髓时应严密观察病情变化,并予及时正确处理;术后穿刺肢体制动8h并沙袋加压6h,严密观察足背动脉搏动及末梢血液循环情况,指导术后活动并预防感染,密切观察患者的病情变化并做好并发症的护理,对患者进行有计划、连续性的健康教育,是干细胞移植治疗糖尿病足成功的重要保证。

【关键词】干细胞移植,自体;糖尿病足;护理

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Nursing of Diabetic Foot Treated with Autologous Stem Cell Transplantation

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Abstracts: The paper introduced the peri-operative preparation and mental care of 5 cases with diabetic foot were treated with autologous stem cell transplantation and the observation and nursing of complications and adverse reaction. After 1~8 weeks of treatment, patients began to feel less painful and cold, the ulceration was recovered, and no complications were found. The changes of disease during subcutaneous injection of the granulocyte colony-stimulating factor were observed carefully and given proper treatment. Post-operatively, patients were asked to not move at 8 h and pressed by sandbag at 6 h and the pulsating of foot artery as well as blood circulation were observed closely. Patients were given guidance of movement so as to prevent the infection, the disease of patients were observed closely, prevention of complication was made and patients were given continuing and planned health education. All the above methods guarantee the success of treating diabetic foot by Autologous stem cell transplantation.

Key words: stem cell transplantation, autologous; diabetic foot; nursing

糖尿病足是糖尿病患者由于合并神经病变及不同程度的血管病变而导致感染、溃疡形成和(或)深部组织的破坏。它具有很强的致残性和致死性,其高位截肢率高达20%以上^[1],最终结局常常是截肢和死亡。且50%患者一侧肢体做了截肢,另一侧肢体5年内也不得不截肢^[2]。截肢不仅可严重影响患者生活质量,而且可造成患者严重的心理创伤^[3]。近年来,兴起的血管再生技术受到国内外学者的关注。采用干细胞移植的方法来促使新生血管的形成是一种新的治疗方法,可缓解病情,减轻痛苦,提高生活质量。我院自2004年7月-2005年10月成功为5例糖尿病足患者进行了6次自体干细胞移植,取得较好的疗效,现将5例患者的护理体会报道如下。

1 临床资料

1.1 一般资料 确诊的糖尿病足患者5例,其中男3例,女2例,年龄59~72岁,平均68岁,病程3~15年,患者均有足部和下肢发凉、疼痛,静息痛明显,足趾和足部溃疡4例。辅助检查:5例患者均行动脉DSA造影,均显示下肢动脉狭窄及闭塞。合并高血

压5例,血脂异常3例,冠心病1例,脑梗死3例,银屑病1例,原发性血小板病1例。

1.2 治疗方法 术前4~5d每日皮下注射粒细胞集落刺激因子450~600 μg进行骨髓动员,1例患者分别两次行骨髓干细胞移植(ABMSCT)治疗两下肢,4例患者行外周血干细胞移植(PBSCT)治疗。手术当日在硬膜外麻醉或全麻下将分离出的单个核细胞(可定向分化的干细胞),配制成 1×10^8 细胞/ml细胞悬浊液约50ml,肌肉注射自体移植入下肢肌肉组织中,并将干细胞混悬液注入股动脉,局部加压包扎固定后送回病房。

1.3 效果 5例患者移植后1周内及2月后其皮温、间歇性跛行、疼痛、溃疡、下肢毛细血管密度均有明显改善,未出现移植相关并发症及不良反应。其中1例患者入院时皮肤脱屑明显,经治疗后皮肤恢复正常。原发性血小板减少症患者无皮肤黏膜出血。

2 护理

2.1 用药护理 术前4~5d每日皮下注射粒细胞集落刺激因子。为避免因白细胞增多或高凝状态导致急性动脉血栓形成或心脑血管意外^[4-5],在干细胞动员的同时每天查外周血细胞记数,同时注意观察

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