

肺癌患者术后抗凝药物的不同干预时间对凝血功能的影响

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Title: Effects of different intervention time of anticoagulant drugs on coagulation function after lung cancer surgery

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摘要: 目的: 研究肺癌患者术后应用低分子肝素钙抗凝不同的起始时间对患者凝血功能的影响。方法: 分析2017年11月至2018年5月我科收治的肺癌手术患者, 按照手术顺序采用SPSS 19.0随机分成A、B、C、D组。其中A、B、C组为抗凝组, 分别于术后12 h、24 h、48 h给予低分子肝素钙4 100 IU, bid, 皮下注射, 连续应用7天; D组为空白对照组。抗凝组和空白对照组术后都给予基础的血栓预防措施。术前及术后连续5天查血常规和血栓弹力图(TEG)并监测术后胸引量及下肢静脉血栓形成情况。结果: 4组肺癌术后患者的下肢血栓形成情况: A组0例, B组1例下肢肌间静脉血栓形成, C组2例下肢肌间静脉血栓形成, D组6例肌间静脉血栓形成。A组与D组之间比较有显著差异。所有肺癌患者术后没有出现临床症状的静脉血栓栓塞症。血栓弹力图指标术前均无显著差异, 而R值在术后组间比较均有显著差异。4组肺癌患者术后胸引量和出血相关并发症组间比较无显著差异。结论: 肺癌术后12 h应用低分子肝素钙预防性抗凝治疗能明显降低静脉血栓形成的风险, 优于24 h、48 h开始抗凝治疗。

Abstract: Objective: To study the effect of different initiation time of anticoagulation with low-molecular-weight heparin calcium on coagulation function in patients with lung cancer. Methods: Patients with lung cancer treated in our department from November 2017 to May 2018 were analyzed and randomly divided into groups A, B, C, and D according to the surgical sequence using SPSS 19.0. Among them, group A, B, and C were anticoagulation groups. They were given low-molecular-weight heparin calcium 4 100 IU at 12 h, 24 h, and 48 h after surgery, respectively, bid, and injected subcutaneously for 7 days. D group was a blank control group. Both the anticoagulation group and the blank group were given basic thromboprophylaxis after surgery. Blood routine and thromboelastogram (TEG) were examined preoperatively and postoperatively for 5 consecutive days, and postoperative chest volume and venous thrombosis in the lower extremities were monitored. Results: The thrombosis of lower limbs in 4 groups of patients with lung cancer after surgery: 0 in group A, 1 intramuscular venous thrombosis in lower extremities in group B, 2 intramuscular venous thrombosis in lower extremities in group C, and 6 intramuscular venous thrombosis in group D. There was a significant difference between group A and group D. All patients with lung cancer had no clinical signs of venous thromboembolism. There were no significant differences in preoperative thrombelastographic parameters, and R values were significantly different between the postoperative groups. There was no significant difference in postoperative chest volume and bleeding-related complications between the 4 groups of lung cancer patients. Conclusion: The use of low-molecular-weight heparin calcium prophylactic anticoagulation therapy can significantly reduce the risk of venous thrombosis at 12 h after lung cancer surgery, and it is better than anticoagulation therapy initiated at 24 h and 48 h.

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