

单孔腹腔镜行囊肿剔除术治疗卵巢巨大囊肿的临床分析

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Title: Clinical analysis of single-port laparoscopic cystectomy for the treatment of giant ovarian cyst

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摘要: 目的:探讨应用单孔腹腔镜行囊肿剔除术治疗卵巢巨大囊肿的安全性及可行性。方法:回顾性分析我院2017年6月至2018年6月收治的卵巢巨大囊肿患者71例(直径 ≥ 12 cm),按手术途径分为研究组34例(应用单孔腹腔镜行囊肿剔除术)和对照组37例(应用传统腹腔镜行囊肿剔除术)。比较两组患者手术时间、术中出血量、术中囊液外漏率、术后24 h疼痛评分、术后排气时间、首次离床时间、术后并发症发生率、术后住院时间及住院费用等临床指标。结果:研究组和对照组患者术中囊液外漏率分别为2.9%和18.9%;在巧囊组患者中,手术时间及术中出血量两组比较差异无统计学意义;在非巧囊组患者中,研究组手术时间及术中出血量较对照组明显减少,差异有统计学意义($P < 0.05$);两组患者均无并发症发生;研究组术后排气时间、首次离床时间明显早于对照组,且术后24 h疼痛评分低,术后住院时间短,住院费用低,差异有统计学意义($P < 0.05$)。结论:在严格选择病例的前提条件下,单孔腹腔镜治疗卵巢巨大囊肿能减少囊液外漏率,减轻患者术后疼痛,促进肠道功能恢复,缩短住院时间,不增加并发症发生率及住院费用,是安全有效的。

Abstract: Objective: To investigate the safety and feasibility of single-port laparoscopic cystectomy for the treatment of giant ovarian cyst. Methods: We retrospectively analyzed 71 patients with giant ovarian cyst (diameter ≥ 12 cm) hospitalized in our hospital from June 2017 to June 2018. According to the surgical approach, the patients were divided into two groups, including research group (34 patients with single-port laparoscopic cystectomy) and control group (37 patients with the traditional laparoscopic cystectomy). The outcome of the two groups were evaluated, such as operation time, blood loss, cystic fluid leakage rate, postoperative pain score, postoperative exhaust time, the first time to leave the bed, complications and hospital stay after operation and cost of hospitalization and other clinical indicators. Results: In research group and control group, the cystic fluid leakage rate was 2.9% and 18.9%, respectively. In chocolate cyst group, the operating time and blood loss were no different between research group and control group. In non-chocolate cyst group, the operating time and blood loss of research group were less than control group ($P < 0.05$). The research group and control group did not have complication. In research group, the postoperative exhaust time, the first time to leave the bed, postoperative pain score, hospital stay after operation, cost of hospitalization were lower than control group ($P < 0.05$). Conclusion: Under the premise of strict selection of cases, single-port laparoscopic cystectomy of giant ovarian cyst can reduce the leakage rate of cyst fluid. Postoperative pain is light. Intestinal function recovery is fast. Hospitalization time is shortened, and the incidence of complications and cost of hospitalization are not increased. It is safe and effective.

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备注/Memo: -

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