

右美托咪定对单侧乳癌改良根治术患者麻醉苏醒期躁动和术后疼痛的影响

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Title: Effect of dexmedetomidine on emergence agitation and postoperative pain in patients undergoing unilateral modified radical mastectomy

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关键词: 右美托咪定; 乳癌改良根治术; 复苏期躁动; 术后疼痛

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摘要: 目的: 观察右美托咪定对单侧乳癌改良根治术患者麻醉苏醒期躁动和术后疼痛的影响。方法: 纳入84例实施单侧乳癌改良根治术的女性患者, 随机分为两组, 对照组(瑞芬太尼-七氟烷组): 常规麻醉诱导成功后予靶控输注瑞芬太尼与七氟烷吸入维持麻醉; 观察组(右美托咪定-瑞芬太尼-七氟烷组): 从麻醉诱导开始, 泵注右美托咪定维持至手术结束, 其余麻醉诱导及维持用药同对照组。观察测定两组患者麻醉复苏期血流动力学变化与躁动评分, 以及术后6 h、12 h、24 h、48 h疼痛评分。结果: 两组患者手术结束前5 min (T0) 的收缩压、心率和氧饱和度差异均无统计学意义(均 $P>0.05$), 但拔管时间和苏醒时间上存在差异($P<0.05$)。然而对比两组患者苏醒拔管前(T1)、拔管后即刻(T2)和拔管后5 min (T3)的生命体征数据, 与观察组相比, 对照组患者各期的收缩压均明显升高(均 $P<0.05$), 心率均明显增快(均 $P<0.05$)。观察组患者麻醉复苏期躁动评分和躁动发生率均明显低于对照组($P<0.05$)。观察组患者术后6 h、12 h、24 h疼痛评分均低于对照组(均 $P<0.05$)。结论: 右美托咪定可使麻醉复苏期血流动力学更加稳定, 并可减轻乳癌改良根治术患者麻醉复苏期躁动和术后疼痛的发生, 临床效果确切, 而且患者获得了更好的麻醉体验, 值得临床推广。

Abstract: Objective: To evaluate the effect of dexmedetomidine on the emergence agitation and postoperative pain in patients undergoing modified radical mastectomy for unilateral breast cancer. Methods: 84 unilateral breast cancer patients were randomly divided into two groups, 42 for each group. Control group (sevoflurane-remifentanyl): The end-expiratory concentration of sevoflurane was maintained from 1.3 MAC to 1.5 MAC, and remifentanyl was administered intravenously at 0.1 $\mu\text{g}/\text{kg}$ during maintenance period of anesthesia. Observation group: Dexmedetomidine was applied from initiation of anesthesia induction to the end of surgery, and other measures are same as control group. The hemodynamic changes during anesthesia resuscitation period, emergence agitation scores and postoperative pain score (VAS) at 6, 12, 24 and 48 hours were recorded. Results: There were no significant differences in systolic blood pressure, heart rate and oxygen saturation between the two groups at 5 min before the end of the operation (T0) (all $P>0.05$). However, there was a significant difference in extubation time and recovery time ($P<0.05$). Compared to observation group, systolic blood pressure and heart rate in control group were significantly higher at time before extubation (T1), immediately after extubation (T2) and 5 min after extubation (T3) (all $P<0.05$). The scores of emergence agitation in the observation group were significantly lower than that in the control group ($P<0.05$). The postoperative pain score (VAS) in the observation group were lower than that in the control group at 6 h, 12 h and 24 h after surgery (all $P<0.05$). Conclusion: Dexmedetomidine can make hemodynamics more stable during resuscitation period, and reduce the degree and incidence of emergence agitation and postoperative pain in patients undergoing modified radical mastectomy, so it is worthy of clinical application.

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