

抗阻呼吸训练在预防老年脑肿瘤患者术后低氧血症中的应用

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Title: The application of anti-obstructive respiratory training in the prevention of postoperative hypoxemia in senile brain tumor patients

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摘要: 目的: 探讨抗阻呼吸训练对老年脑肿瘤患者术后低氧血症的预防效果。方法: 选取2017年3月至2018年9月我院神经外科收治的69例老年脑肿瘤患者临床资料进行研究, 根据随机抽样法将所有入组患者分为对照组34例, 接受常规呼吸训练; 观察组35例, 接受常规呼吸训练+个体化抗阻呼吸训练。采用SPSS 17.0统计软件进行数据分析, 脉搏、动脉血氧分压(PaO₂)等计量资料符合正态分布的采用(±s)表示, 进行t检验; 不符合的采用M(QR)表示, 进行Mann-Whitney U检验; 计量资料采用n(%)表示, 行χ²检验。结果: 两组患者入院时、术前、术毕及术后0.5 h、1 h、1.5 h等不同时间点脉搏搏动次数比较差异均无统计学意义(P>0.05)。两组患者术后各时间点的PaCO₂差异无统计学意义(P>0.05); 观察组患者术后各时间点的PaO₂及SpO₂均高于对照组患者, 差异有统计学意义(P<0.05)。观察组患者术后出现低氧血症的发生率明显低于对照组(8.57% vs 32.35%), 差异有统计学意义(P<0.05)。结论: 抗阻呼吸训练可有效预防老年脑肿瘤患者术后低氧血症的发生, 降低其术后发生率。

Abstract: Objective: To investigate the preventive effect of resistive respiration training on postoperative hypoxemia in elderly patients with brain tumor. Methods: The clinical data of 69 elderly brain tumor patients admitted to the department of neurosurgery oncology in our hospital from March 2017 to September 2018 were selected for the study. According to the random sampling method, all the enrolled patients were divided into 34 control groups and received routine breathing training. In the observation group, 35 patients received routine breathing training + individualized anti-respiratory training. SPSS 17.0 statistical software was used for data analysis. Measurement data such as pulse and arterial partial oxygen pressure (PaO₂) were in line with normal distribution and represented by (±s), and t test was performed. For nonconformance, M (QR) was adopted, and mann-whitney U test was performed. The measurement data were expressed by n(%) and tested by χ². Results: There was no statistically significant difference in the number of pulse beats at admission, preoperative, postoperative, 0.5 h, 1 h, 1.5 h and other time points between the two groups (P>0.05). There was no significant difference in PaCO₂ between the two groups (P>0.05). PaO₂ and SpO₂ in the observation group were higher than those in the control group at each postoperative time point, with statistically significant differences (P<0.05). The incidence of postoperative hypoxemia in the observation group was significantly lower than that in the control group (8.57% vs 32.35%), and the difference was statistically significant (P<0.05). Conclusion: Anti-obstructive breathing training can effectively prevent the occurrence of postoperative hypoxemia in elderly brain tumor patients and reduce the postoperative incidence.

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