

老年腹腔镜胆囊切除术中七氟烷或异丙酚复合瑞芬太尼的临床麻醉效果观察

Analysis of anesthetic effects of remifentanil combined with sevoflurane on patients undergoing laparoscopic cholecystectomy

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摘要:目的 探讨瑞芬太尼复合七氟烷用于腹腔镜胆囊切除术的麻醉分析。方法 选取我院2017年1月~2018年12月期间收治的腹腔镜胆囊切除术患者60例,随机分为两组,各30例,对照组使用瑞芬太尼复合异丙酚麻醉,观察组使用瑞芬太尼复合七氟烷麻醉,对比两组的术中血流动力学变化、术后苏醒各指标。结果 观察组在麻醉前(T0)、气腹后5 min(T1)、结束人工气腹前(T2)、拔管完毕时(T3)、拔管后10 min(T4)的SBP、DBP、HR水平与对照组相比无明显差异($P>0.05$);观察组苏醒时间、自主呼吸恢复时间、拔管时间明显短于对照组($P<0.05$);观察组在拔管后即刻及10 min的OAAS评分明显高于对照组($P<0.05$),但两组拔管后20 min、30 min的OAAS评分无明显差异($P>0.05$)。结论 瑞芬太尼复合七氟烷用于腹腔镜胆囊切除术的麻醉效果显著,术中能维持血流动力学稳定,加快术后苏醒速度,提高苏醒质量,具有积极的临床意义。

Absrtact: Objective To investigate anesthetic effects of remifentanil combined with sevoflurane on patients undergoing laparoscopic cholecystectomy (LC). Methods Sixty patients receiving LC at our hospital from January 2017 to December 2018 were selected as subjects. They were randomly divided into two groups with 30 in each group. Patients in the control group received remifentanil combined with propofol for anesthesia, and those in the observation group accepted remifentanil combined with sevoflurane. Haemodynamics and other indices after anesthesia recovery were compared between the two groups. Results There were no significant differences in systolic blood pressure(SBP), diastolic blood pressure(DBP) and heart rate(HR) between the two groups before anesthesia(T0), at 5 min after establishing pneumoperitoneum(T1), before the accomplishment of pneumoperitoneum (T2), immediately after extubation (T3) and at 10 min after extubation(T4)($P>0.05$). Anesthesia recovery time, recovery time of respiration and extubation time in the observation group were significantly shorter than those in the control group($P<0.05$). Observer's Assessment of Alertness/Sedation Scale (OAAS) scores at T3 and T4 in the observation group were significantly higher than those in the control group ($P<0.05$). However, there were no significant differences in OAAS scores at 20 min and 30 min after extubation between the two groups($P>0.05$). Conclusion Remifentanil combined with sevoflurane achieved significant anesthetic effects on patients receiving LC. The combination stably maintained haemodynamics and shortened anesthesia recovery time with high quality of recovery from anesthesia, exhibiting desirable clinical values.

关键词:腹腔镜胆囊切除术;瑞芬太尼;七氟烷;麻醉效果

Keywords: Laparoscopic cholecystectomy; Remifentanil; Sevoflurane; Anesthetic effects

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腹腔镜胆囊切除术(laparoscopic cholecystectomy, LC)是治疗胆结石、胆囊炎等有手术指征的胆囊病症的主要手段,需

要用一种特制导管插进腹膜腔,建立二氧化碳(CO₂)气腹,达到满意压力后在腹壁做三个小切口,置入器械,完成胆囊

七氟烷麻醉能够协同增效,提升麻醉深度的可控性,提高镇痛镇静效果,维持术中血流动力学稳定,减轻应激反应,加快苏醒速度,提高苏醒质量^[18-19]。临床有报道显示,瑞芬太尼复合异丙酚易出现血压降低、心率减慢等心血管反应,需要在术中适当使用血管活性药物才能维持血流动力学稳定^[20-21]。本研究结果显示,观察组在T₀、T₁、T₂、T₃、T₄的SBP、DBP、HR水平与对照组相比无明显差异($P>0.05$);观察组苏醒时间、自主呼吸恢复时间、拔管时间明显短于对照组($P<0.05$);观察组在拔管后即刻及10 min的OAAS评分明显高于对照组($P<0.05$),但两组拔管后20 min、30 min的OAAS评分无明显差异($P>0.05$),进一步证明瑞芬太尼复合七氟烷的协同作用效果好,不仅能降低七氟烷的最低肺泡有效浓度,还可减少瑞芬太尼剂量依赖性心率减慢、血压降低等不良反应,在麻醉维持中能稳定患者术中的血流动力学。同时,两者在体内清除速度快,无明显蓄积,可明显缩短术后苏醒时间,提高苏醒质量,降低麻醉不良反应的发生率,具有较高的麻醉安全性,对老年患者也适用。

综上所述,瑞芬太尼复合七氟烷用于LC的麻醉效果确切,有效维持了术中血流动力学稳定,提升了苏醒速度和苏醒质量,值得在临床推广使用。

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