

双极电凝和缝合止血法对腹腔镜子宫全切术患者卵巢功能的影响

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摘要 目的:对比和探讨双极电凝和缝合止血法对腹腔镜子宫切除术患者卵巢功能的影响。方法:所有患者均于全麻后常规行腹腔镜下子宫切除手术,并进行止血处理。研究组患者均采用双极电凝止血法,对照组患者均行缝合止血法。结果:两组患者术前激素水平各指标无显著差异($P>0.05$),术后1个月和3个月FSH、LH、INHB、E2研究组与对照组比较具有显著差异($P<0.05$)。结论:双极电凝法和缝合止血法对患者的卵巢功能均有影响,但双极电凝法的损伤程度更大。

关键词 双极电凝法 缝合止血法 腹腔镜 子宫切除术 卵巢功能

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Affect of Ovarian Function in Patients with Laparoscopic Hysterectomy Treated by Bipolar Coagulation Stop-Bleeding-Method and Suture Hemostasis

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ABSTRACT Objective: To compare and discuss the affect of ovarian function in patients with laparoscopic hysterectomy treated by bipolar coagulation stop-bleeding-method and suture hemostasis. **Methods:** All patients had surgery with traditional laparoscopic hysterectomy after anesthesia. Study Group was bleeding stop with bipolar coagulation stop-bleeding-method and Control Group was with suture hemostasis. **Results:** The hormone targets of two groups had no significant difference before surgery ($P>0.05$), and FSH, LH, INHB, E2 had significant difference between Study Group and Control Group ($P<0.05$). 3 cases had menstrual abnormalities in Study Group and none in Control Group, the data had significantly different ($P<0.05$). **Conclusion:** There are both affection to ovarian function of bipolar coagulation stop-bleeding-method and suture hemostasis, and bipolar coagulation has more damages for patients.

Key words: Bipolar coagulation; Suture hemostasis; Laparoscopic; Hysterectomy; Ovarian function

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前言

随着微创技术的出现与应用,妇科疾病的相关治疗成果获得了巨大的提升。腹腔镜手术具有创伤小、腹部瘢痕小、术中出血少、术后愈合快等优势^[1],目前已经被广泛应用于临床治疗中,是卵巢病变的常用手术方法。临床行腹腔镜子宫切除手术过程中,需对患者病变位伤口进行有效止血处理,以免引发并发症。目前常见的止血方法包括电凝法和缝合法^[2],本研究选取我院2010年1-12月间我院妇科行腹腔镜子宫切除术患者60例行止血方法研究,现报道如下:

1 资料与方法

1.1 临床资料

入选患者均为女性,经病理检查验证为子宫肌瘤。年龄最小33岁,最大42岁,平均 (38.6 ± 4.3) 岁。排除患有全身性严重

疾病、有激素类药物治疗史、恶性肿瘤、不同意参与本次研究以及不同意行子宫切除手术患者。将所有患者随机分为研究组和对照组,各30例,两组患者在年龄、肿瘤直径、疾病史等方面无显著差异($P>0.05$),具有可比性。

1.2 方法

所有患者均于全麻后常规行腹腔镜下子宫全切手术,在腹腔镜辅助下逐步切圆、阔韧带、卵巢韧带和输卵管峡部,宫颈粘膜环形切开,上推膀胱以清晰手术视野,以钳夹切断主韧带、骶韧带和子宫血管,较大子宫切碎后取出。术后行残端缝合和止血处理。研究组患者均采用双极电凝止血法,对照组患者均行缝合止血法。

1.3 观察指标

所有患者分别于术前、术后1个月和术后3个月行全自动调频(AFC)阴道超声检测和评价卵巢功能状态指标,包括卵泡刺激素(FSH)、促黄体生成激素(LH)、血清抑制素B(INHB)和雌二醇(E2)。血清性激素水平采用电化学发光法进行测定,采用美国雅培公司生产的试剂盒,INHB采用酶联免疫吸附

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法检测,采用美国 DSL 公司生产的试剂盒,所有试剂盒应用按照说明严格操作。

1.4 统计学处理

采用 SPSS13.0 统计学处理软件包进行数据分析,计数资料采用卡方检验,计量资料采用均值±标准差表示,t 检验。P<0.05 时认为具有统计学意义。

2 结果

表 1 两组患者术前和术后 1、3 个月激素水平变化比较

Table 1 Comparison hormone levels changes of two groups before surgery and after surgery 1 and 3 months

Group	Time	FSH(mIU/mL)	LH(mIU/mL)	INHB(pg/mL)	E2(pg/mL)
Study group/30	Before surgery	6.32± 1.85	5.87± 1.62	67.32± 4.21	127.32± 26.65
	After surgery 1 month	13.34± 1.83*△	9.96± 1.67*△	33.69± 1.25*△	88.43± 22.56*△
	After surgery 3 months	9.62± 1.32*△	9.75± 1.34*△	50.08± 2.89*△	103.34± 24.52*△
Control group/30	Before surgery	6.46± 1.76	5.96± 1.58	65.54± 5.68	64.99± 5.56
	After surgery 1 month	10.28± 1.53*	7.68± 2.89*	35.55± 1.73*	35.58± 1.70*
	After surgery 3 months	7.08± 1.29	7.23± 2.78	61.89± 2.54	62.29± 2.36

2.2 术后患者恢复情况

术后两组患者均痊愈出院,并于术后 1 个月基本恢复正常的生活,术后 3 个月可行常规学习工作。

3 讨论

子宫肌瘤是严重危害女性健康和日常生活的妇科疾病,卵巢具有着激素分泌、生殖功能、代谢维持等作用^[3-4],因而卵巢组织的损伤和病变将给妇女带来精神和生理上的双重打击,造成家庭与社会的不和谐。随着微创技术研究的不断深入,腹腔镜手术已经被越来越广泛的应用于临床治疗,并且不断有新的技术和方法被探索出来,使治疗更具有临床效果,预后更佳^[5-7]。腹腔镜手术子宫切除术中,会出现出血现象,为有效止血,相关的止血方法被提出和列入到研究课题当中,电凝法与缝合法为较常见的应用方法,但其对患者卵巢功能的维护与影响仍需更多的研究资料总结和探讨^[8-10]。

本研究中分别对两组患者行双极电凝止血和缝合止血法,结果显示两种方式对于妇女卵巢的功能均具有一定程度的影响,两组患者术后 1 个月 FSH 和 LH 均出现上升,E2 和 INHB 均出现下降,随着不断的康复,指标于术后 3 个月有所恢复,接近于术前值。然而,研究组患者术后 1 个月和 3 个月 FSH 与 LH 值较对照组同时期更高,E2 和 INHB 值较对照组同时期更低,提示电凝法对于患者卵巢的功能损伤更严重,恢复时间更长。当然,随着医疗技术的不断探索和治疗水平的不断提升,相信广大医疗工作者会在不断的实践中改进技术手法,找到更有利于减轻卵巢功能损伤的止血方法^[11-12]。

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2.1 激素水平变化

两组患者术前和术后的激素水平变化情况详见表 1,术前,两组患者的激素水平 FSH、LH、INHB、E2 均无显著差异(P>0.05)。经过治疗,术后两组 FSH 和 LH 均呈现先上升再下降趋势,INHB、E2 均呈现先下降再上升趋势,但术后 1 个月和 3 个月 FSH、LH、INHB、E2 研究组与对照组比较具有显著差异(P<0.05)。

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