

· 临床研究 ·

## 腰椎减压融合针对性围手术期护理干预的意义

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**摘要:** [目的] 评价围手术期应用针对性护理对腰椎减压融合术后腹胀及便秘的影响。[方法] 2022年1月—2023年1月南京医科大学附属淮安第一医院采用腰椎减压融合术治疗腰椎退行性疾病120例患者纳入本研究, 采用随机数字表法分为针对组和常规组, 每组60例, 比较两组术后腹胀与便秘情况, 以及焦虑状态和对护理工作的满意度。[结果] 两组患者均顺利手术, 无严重围手术期并发症。针对组在发生腹胀率(25.0% vs 58.3%,  $P=0.003$ )、腹胀评分 $[(0.5\pm 0.3)$  vs  $(1.3\pm 0.4)$ ,  $P=0.001$ ]、便秘发生率(35.0% vs 63.3%,  $P=0.014$ )、便秘评分 $[(0.6\pm 0.2)$  vs  $(1.4\pm 0.9)$ ,  $P=0.002$ ]、焦虑评分 $[(50.7\pm 2.3)$  vs  $(57.7\pm 7.6)$ ,  $P=0.002$ ]和护理满意度评分 $[(9.0\pm 1.0)$  vs  $(8.1\pm 1.6)$ ,  $P=0.006$ ]均显著优于常规组。[结论] 围手术期的针对性护理能够有效减少术后腹胀及便秘的发生, 减轻患者焦虑状态, 改善患者满意度。

**关键词:** 腰椎退行性疾病, 腰椎减压融合术, 针对性围手术期护理

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**Targeted nursing intervention during perioperative period of lumbar decompression and fusion** // ZHOU Me, GUO Lin, RONG Bei-si, WU Shan-shan. Department of Orthopaedics, The First People's Hospital of Huaian City, Nanjing Medical University, Huaian 223300, China

**Abstract:** [Objective] To evaluate the effect of targeted nursing during the perioperative period of lumbar decompression and fusion on postoperative abdominal distension and constipation. [Methods] From January 2022 to January 2023, 120 patients who were undergoing lumbar decompression and fusion for lumbar degenerative diseases in our hospital were included in this study, and were divided into the targeted group and conventional group by random number table method, with 60 cases in each group. The postoperative abdominal distension and constipation, anxiety and satisfaction with nursing work were compared between the two groups. [Results] All patients in both groups were successfully operated on without serious perioperative complications. The targeted group proved significantly superior to the conventional group in terms of abdominal distension incidence (25.0% vs 58.3%,  $P=0.003$ ), abdominal distension score  $[(0.5\pm 0.3)$  vs  $(1.3\pm 0.4)$ ,  $P=0.001$ ], constipation incidence (35.0% vs 63.3%,  $P=0.014$ ), constipation score  $[(0.6\pm 0.2)$  vs  $(1.4\pm 0.9)$ ,  $P=0.002$ ], anxiety score  $[(50.7\pm 2.3)$  vs  $(57.7\pm 7.6)$ ,  $P=0.002$ ] and nursing satisfaction score  $[(9.0\pm 1.0)$  vs  $(8.1\pm 1.6)$ ,  $P=0.006$ ]. [Conclusion] The targeted nursing does effectively reduce the occurrence of postoperative abdominal distension and constipation, relieve patients' anxiety status, improve patient satisfaction.

**Key words:** lumbar degenerative disease, lumbar decompression and fusion, targeted perioperative care

腰椎退行性疾病包括腰椎间盘突出症、腰椎椎管狭窄症及退行性腰椎滑脱等, 是临床上常见的疾病, 腰椎减压融合术是治疗腰椎退行性疾病的主要治疗方式<sup>[1]</sup>。而术后腹胀不适甚至便秘较为常见, 有学者报道脊柱术后腹胀发生率约为52.5%, 便秘发生率约为60%<sup>[2]</sup>, 腹胀及便秘出现的不适感导致患者术后食欲降低, 而术后热量消耗大, 进食减少导致体内负氮平衡, 营养状况进一步恶化, 严重影响伤口愈合及对病原体的抵抗力, 增加术区感染风险。同时肠道及腹腔内压力增高, 影响静脉回流, 导致肠壁水肿, 严重可

引起肠梗阻及肠坏死发生。除此之外, 其明显的不适感加重患者紧张及焦虑的情绪, 进而对术后康复造成严重的影响<sup>[3]</sup>。因此作者针对该类患者存在的风险在围手术期进行预警性护理应用的研究, 以期够改善腰椎退行性疾病患者术后腹胀及便秘症状, 提高术后康复及生活质量。

### 1 临床资料

#### 1.1 一般资料

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2022年1月—2023年1月南京医科大学附属淮安第一医院手术治疗腰椎退行性疾病的120例患者纳入本研究,采用随机数字表法将患者分为针对组和常规组,每组各60例患者。两组患者一般资料见表1,两组性别、年龄、体质指数(body mass index, BMI)和主要临床诊断的差异均无统计意义( $P>0.05$ )。本研究获医院伦理委员会审批通过,所有患者及家属知情并签署同意书。

### 1.2 干预措施

所有患者均行相应的腰椎减压融合术治疗,围手术期干预分别如下。

针对组:在常规护理的基础上,根据术后腹胀及便秘可能的原因,从术前即开始进行额外的预警性护理,其措施包括:(1)平卧位排便训练:术前指导患者适应平卧体位,克服心理障碍,并模拟术后平卧位进行排便训练;(2)饮食指导:从术前开始即为患者制定合理的饮食方案,鼓励进食富含纤维素的食物;(3)指导陪护人员对术后患者进行腹部按摩及正确有效的排便护理。术后患者无论是否出现腹胀及便秘症状,均需定期进行顺时针腹部按摩;(4)心理护理:术前除一般宣教外,充分告知患者该项手术可能出现的不适以及解决方法,鼓励患者对手术进行充分心理准备,增强患者对医护的信任感,减少患者因出现未知的不适而造成的恐惧与紧张;(5)环境布置:构建温馨的病房环境,强调更加安静、更加注重隐私的保护。

常规组:给予围手术期常规护理措施,包括常规入院及术前宣教、术后常规体位护理、饮食指导、疼痛评估及管理。

### 1.3 评价指标

记录患者一般资料。采用《腹胀程度评价表》<sup>[2]</sup>评价患者术后腹胀严重程度,该表格将腹胀严重程度分为无、轻度腹胀、中度腹胀及重度腹胀4种,以0~3分将4种情况分别赋予分值。应用“便秘积分法”对便秘严重程度进行评价<sup>[4]</sup>。应用《焦虑自评量表》对患者的焦虑程度进行评价<sup>[5]</sup>。采用视觉模拟评分(visual analogue scale, VAS)对护理工作满意度评分,1~10分,分值越高代表满意程度越高。

### 1.4 统计学方法

应用SPSS 26.0对数据进行统计分析。计量数据以 $\bar{x} \pm s$ 表示,资料呈正态分布时,两组间比较采用独立样本 $t$ 检验;资料呈非正态分布时,采用秩和检验。计数资料采用 $\chi^2$ 检验或Fisher精确检验。等级资料两组比较采用Mann-whitney  $U$ 检验。 $P<0.05$ 为

差异有统计学意义。

## 2 结果

两组患者均顺利手术,无严重围手术期并发症。住院期间临床结果见表1,针对组在发生腹胀率、腹胀评分、便秘发生率、便秘评分、焦虑和护理满意度评分均显著优于常规组( $P<0.05$ )。

表1 两组患者住院期间资料与比较  
Table 1 Comparison of data during hospitalization between the two groups

指标	针对组 (n=60)	常规组 (n=60)	P值
年龄(岁, $\bar{x} \pm s$ )	56.8 $\pm$ 1.2	59.2 $\pm$ 0.6	0.213
性别(例,男/女)	18/42	15/45	0.617
侧别(例,左/右)	35/25	31/29	0.231
BMI(kg/m <sup>2</sup> , $\bar{x} \pm s$ )	22.6 $\pm$ 1.2	21.9 $\pm$ 0.6	0.432
诊断(例,CS/LS/LDH)	15/27/18	17/24/19	0.557
腹胀发生[例(%)]	15(25.0)	35(58.3)	0.003
腹胀评分(分, $\bar{x} \pm s$ )	0.5 $\pm$ 0.3	1.3 $\pm$ 0.4	<0.001
便秘发生[例(%)]	21(35.0)	38(63.3)	0.014
便秘评分(分, $\bar{x} \pm s$ )	0.6 $\pm$ 0.2	1.4 $\pm$ 0.9	0.002
焦虑评分(分, $\bar{x} \pm s$ )	50.7 $\pm$ 2.3	57.7 $\pm$ 7.6	0.002
患者满意度评分(分, $\bar{x} \pm s$ )	9.0 $\pm$ 1.0	8.1 $\pm$ 1.6	0.006

注:CS, canal stenosis, 椎管狭窄; LS, lumbar spondylolisthesis, 腰椎滑脱; LDH, lumbar disc herniation, 腰椎间盘突出症。

## 3 讨论

腰椎减压融合手术是治疗腰椎退行性疾病的主要治疗方式之一,然而腹胀及便秘症状作为脊柱术后常见的并发症,严重影响患者术后病情恢复及生活质量。引起该症状的主要风险有:(1)术中因牵拉、高频电刀刺激、局部水肿以及腹膜后血肿刺激局部交感神经,出现胃肠道功能紊乱<sup>[6]</sup>;(2)术中应用麻醉药物,术后持续镇痛等药物影响,尤其是阿片类药物,对胃肠道功能产生负面影响<sup>[7]</sup>;(3)术后下地活动前需保持卧位,活动量减少,肠道蠕动减慢,加重腹胀不适<sup>[8]</sup>;(4)术后卧位排便的不适影响排便行为,加重便秘及腹胀症状<sup>[9]</sup>;(5)术后患者因疼痛等不适带来的紧张、焦虑等负性情绪,影响全身交感神经系统,进而影响胃肠道功能;(6)术后饮食不合理,进食薯类、豆类等产气较多的食物,致肠内积气过多引起腹胀;(7)嘈杂、开放的病房环境加重患者的不安感,加剧对卧位排便这一行为的排斥,进而增加腹胀

及便秘的发生风险；(8)可能出现的水电解质紊乱，如低钾血症，引起肠蠕动减弱，严重可能引起麻痹性肠梗阻。

本研究针对可能导致腹胀腹痛的风险因素对腰椎退行性疾病的患者在术前即开始进行预警性护理。研究表明，经预警性护理干预后，术后腹胀及便秘发病人数显著减少 ( $P<0.05$ )。而在出现腹胀和便秘的患者中，经过预警性护理的患者症状严重程度较常规组减轻，且焦虑评分更低，同时护理满意度较常规组也明显提高，差异均有统计学意义 ( $P<0.05$ )。

许多学者对脊柱术后腹胀及便秘的原因及对策进行探索，这些成果为本研究提供重要的指导和参考。杨珍、许长敏等学者强调在脊柱骨折术后需根据腹胀便秘的原因需进行一系列护理措施<sup>[8, 10]</sup>。而周燕梅、刘欣、张松勤等学者更进一步，将应用于危急重症的集束化护理的理念带入胸腰椎骨折术后护理中<sup>[2, 11, 12]</sup>，谭秋月<sup>[13]</sup>、祝丽萍<sup>[14]</sup>等将预警性护理引入脊柱骨折患者术后的护理，均取得积极良好的效果。尽管有学者将阶梯化进食进饮及ERAS综合理念引入腰椎融合术后护理工作<sup>[15, 16]</sup>，但并未针对风险的特殊性制定特定的预警护理措施，因此，本研究结合腰椎退行性疾病患者的特殊性评估术后腹胀便秘风险，并基于风险预警护理的理念，制定一系列预警护理方案，“预警”的本质在于超前，因此方案强调在术前即开始进行。通过针对组和常规组的对比可见，针对组临床效果显著优于常规组。

综上所述，对腰椎减压融合手术围手术期的预警性护理能够有效减少术后出现腹胀及便秘患者的人数，减轻腹胀便秘的症状，改善术后患者焦虑心态，提高生活质量，同时也提高了患者对护理的满意度，进一步加强患者和医护间的信任感，有利于患者的病情康复。

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