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首页

期刊概况

编委会

专家学者

网上投稿

过刊浏览

期刊订阅

广告合作

中国肿瘤临床 » 2014, Vol. 41 » Issue (23): 1503-1506 DOI: doi:10.3969/j.issn.1000-8179.20141722

肿瘤患者营养治疗专栏

最新目录| 下期目录| 过刊浏览| 高级检索

◀◀ 前一篇 | 后一篇 ▶▶

食管癌术中营养管的放置及围术期营养支持*

王俊, 李芝, 甄福喜, 张憬, 骆金华

作者单位: 南京医科大学第一附属医院, 江苏省人民医院胸心外科 (南京市210029)

Feeding tube placement and postoperative nutritional support for esophageal carcinoma patients

Jun WANG, Zhi LI, Fuxi ZHEN, Jing ZHANG, Jinhua LUO

Department of Thoracic and Cardiovascular Surgery, Jiangsu Province People's Hospital and the First Affiliated Hospital of Nan-jing Medical University, Nanjing 210029, China

摘要

图表

参考文献(0)

相关文章 (15)

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摘要

目的: 探讨食管癌患者术中营养管放置和围术期营养支持的实施方法与临床效果。方法: 2012年1月至2013年12月单手术组513例食管癌手术患者术中均常规放置营养管, 其中鼻肠管497例, 空肠造瘘16例。术后24h后经鼻肠管给予肠内营养(enteral nutrition, EN)治疗, 并辅以肠外营养(parenteral nutrition, PN)治疗, 至全量EN后停PN支持。结果: 所有患者均顺利放置营养管, 在观察期间无死亡、无营养代谢障碍。鼻肠管组吻合口瘘、肺部并发症及切口感染发生率与空肠造瘘组比较无显著性差异($P>0.05$); 空肠造瘘组肠梗阻发生率高于鼻肠管组患者($P<0.05$)。结论: 食管癌患者术中有效放置鼻肠管及早期应用EN为食管癌术后安全有效的营养补给方法。

关键词: 食管癌, 肠内营养, 空肠造瘘

Abstract:

Objective: This study aims to investigate the method and clinical outcomes of feeding tube placement and perioperative nutritional support for esophageal carcinoma patients. Methods: A total of 513 esophageal carcinoma patients who have undergone radical resection and reconstruction by a single operating group between January 2012 and December 2013 participated in this study. Feeding tubes were inserted via the nasal path of 497 cases and by jejunostomy in 16 cases. Early enteral nutrition (EN) was administered through the feeding tubes 24h postoperatively with a stepwise increase, whereas supplementation of parenteral nutrition (PN) was terminated until total EN. Results: Feeding tubes were successfully inserted in all patients during operation. No death or nutritional and metabolic disorders were documented during the observation period. No differences in anastomotic fistula, pulmonary complication, and incision infection were identified between the nasointestinal and jejunostomy groups ($P>0.05$). A higher incidence of intestinal obstruction was observed in the jejunostomy group than in the nasointestinal group ($P<0.05$). Conclusion: Effective placement of nasointestinal tube and early enteral feeding are safe and effective methods for patients who have undergone esophagectomy for esophageal carcinoma.

Key words: esophageal carcinoma enteral nutrition jejunostomy

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通讯作者: 骆金华 E-mail: Ljhua1966@126.com

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地址：天津市河西区体院北环湖西路肿瘤医院内 300060

电话/传真：(022)23527053 E-mail: cjco@cjco.cn cjcotj@sina.com 津ICP备09011441号-3