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## 腹腔镜下食管癌患者空肠造口的放置

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## Placement of laparoscopic jejunostomy for patients with esophageal cancer

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摘要

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## 摘要

目的: 评价ARROW 中心静脉置管套件在全腹腔镜食管癌根治术中的可行性。方法: 回顾性分析2013年2月至2014年4月复旦大学附属肿瘤医院88例食管癌患者的临床资料, 分为两组, 一组为接受全腹腔镜Ivor-Lewis 食管癌根治术而行空肠造口术的48例患者, 另一组为食管癌术后接受鼻饲管营养的40例患者, 比较两组患者术前和术后开始经口进食前营养指标的变化, 以及非计划拔除营养管比例。结果: 空肠造口组和鼻饲管营养组在食管癌手术前后, 患者的营养指标差异无统计学意义, 但空肠造口组的非计划拔管率显著小于鼻饲管营养组。结论: 使用Arrow中心静脉置管套件行腹腔镜下空肠造口术是可行的, 具有简便、耐受性好的优点, 值得临床推广。

**关键词:** 食管癌, 腹腔镜, 中心静脉管, 空肠造口

## Abstract:

Objective: To evaluate the feasibility and safety of laparoscopic jejunostomy with central venous catheterization set (CVC, Arrow International Inc., USA) during the operation of totally minimally invasive Ivor-Lewis esophagectomy (MIIE). Methods: The clinical data of 88 patients with esophageal squamous cell carcinoma who were admitted to the Fudan University Cancer Hospital from February 2013 to April 2014 were retrospectively analyzed. Among them, 48 patients with early mid-lower esophageal cancer underwent laparoscopic jejunostomy with CVC, and 40 patients accepted nasogastric tube nutrition. Short-term clinical outcomes were collected. Results: No significant difference in nutrition index was found between the two groups, but the rate of unplanned extubation in the laparoscopic jejunostomy with CVC group was less than that in the nasogastric tube nutrition group. Conclusion: Laparoscopic jejunostomy with CVC set is a safe and feasible technique. It is potentially accepted as an optional approach in MIIE for post-operative nutrition support.

**Key words:** esophageal neoplasm laparoscopy central venous catheterization jejunostomy

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