

快速康复外科在胃癌患者围手术期的应用

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Title: Application of fast track surgery in perioperative patients with gastric cancer

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摘要: 目的: 观察快速康复外科 (fast track surgery, FTS) 理念在胃癌根治术患者围手术期应用的可行性。方法: 回顾性分析2015年11月至2016年11月在青海大学附属医院胃肠肿瘤外科收治的60例行胃癌D2根治手术病人的临床资料, 根据围手术期是否应用FTS理念分为FTS组 (30例) 及对照组 (30例)。结果: FTS组患者术后首次排气时间 [(2.53±0.57) d] 少于对照组 [(4.58±0.90) d] ($P<0.01$), FTS组术后住院时间 [(9.67±1.32) d] 少于对照组 [(13.77±1.78) d] ($P<0.01$), 及FTS组住院费用 [(48 817.98±4 574.59)元] 少于对照组 [(63 275.03±5 681.49)元] ($P<0.01$); FTS组的术后切口感染、肺部感染、咽喉炎、尿路感染发生率低于对照组 ($P<0.05$), 而在吻合口瘘、腹腔积液、心肝并发症发生率方面比较两组差异无统计学意义 ($P>0.05$); 两组病人无围手术期死亡病例, 术后1个月均无再住院病例。结论: 胃癌根治术病人应用FTS理念能加快患者肠道排气、缩短术后住院时间、降低治疗费用; 降低了术后切口感染、肺部感染、咽喉炎、尿路感染发生率; 术后吻合口瘘、腹腔积液、心肝并发症发生率无明显增加。FTS理念应用在胃癌患者围手术期是安全、可行、经济的。

Abstract: Objective: To observe the feasibility of the fast track surgery (FTS) concept in the perioperative period of patients with radical gastric cancer. Methods: The clinical data from November 2015 to November 2016 in department of gastrointestinal tumor surgery, Affiliated Hospital of Qinghai University were analysed. According to the idea of whether perioperative application of FTS, patients were divided into FTS group (30 cases) and the control group (30 cases). Results: Postoperative exhaust time for the first time in FTS group of patients was significantly shorter than control group [(2.53±0.57) d vs (4.58±0.90) d, ($P<0.01$)] , postoperative hospitalization time also decreased significantly [(9.67±1.32) d vs (13.77±1.78) d, ($P<0.01$)] , and reduced hospital costs [(48 817.98± 4 574.59) yuan vs (63 275.03±5 681.49) yuan, ($P<0.01$)] .FTS group of postoperative incision infection, pulmonary infection, sphagitis, urinary tract infection were lower than the control group ($P<0.05$), while anastomotic fistula, abdominal cavity effusion, cardiohepatic complications in the two groups had no statistical significance ($P>0.05$). There were no perioperative deaths in the two groups, and no discharged readmission patients were reported in the first month after surgery. Conclusion: The application of the FTS concept to the patients with radical gastric cancer can accelerate the patient's intestinal exhaust, shorten the postoperative hospital stay, and reduce the cost of treatment. The incidence of incision infection, pulmonary infection, sphagitis and urinary tract infection were reduced. The incidence of postoperative anastomotic fistula, abdominal cavity effusion, and cardiohepatic complications was not significantly increased. FTS is safe, feasible and economical for patients with gastric cancer.

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