

# VATS解剖性肺段切除术与肺叶切除术治疗 I a期NSCLC患者的手术情况及对肺功能影响的比较

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**Title:** The comparison of surgical situation and the effect of pulmonary function between VATS anatomic segmental resection and lobectomy on NSCLC patients in stage Ia

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**关键词:** 电视胸腔镜; 解剖性肺段切除术; 非小细胞肺癌; 肺功能

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**摘要:** 目的: 探讨电视胸腔镜 (VATS) 解剖性肺段切除术与肺叶切除术治疗Ia期非小细胞肺癌 (NSCLC) 患者的手术情况及对患者肺功能的影响。方法: 选取我院手术治疗的Ia期NSCLC患者, 收集时间2014年1月至2016年12月, 根据术式不同分为两组, 均采用VATS手术治疗, A组 (54例) 患者采用解剖性肺段切除术、B组 (60例) 采用肺叶切除术治疗, 对比两组患者的手术效果及术后肺功能变化。结果: A组患者的手术时间、清扫淋巴结数目与B组比较差异无统计学意义 ( $P>0.05$ ); A组患者的手术出血量、术后胸腔引流量、术后拔管时间、术后住院时间均显著的低于B组患者 ( $P<0.05$ ); 术前, A组和B组患者的FEV1%、FVC%、MVV%测定值差异无统计学意义 ( $P>0.05$ ), 术后3个月复查, A组患者的FEV1%、FVC%、MVV%测定值均显著高于B组患者 ( $P<0.05$ ); 手术后, A组患者的并发症发生率 (7.41%) 低于B组患者 (13.33%), 但是差异无统计学意义 ( $P>0.05$ )。结论: VATS解剖性肺段切除术治疗Ia期NSCLC患者具有手术创伤小、术后恢复快、对患者肺功能影响更小的优势。

**Abstract:** Objective: To investigate the surgical situation and the effect of pulmonary function between video-assisted thoracoscopy (VATS) anatomic segmental resection and lobectomy for the treatment of non-small cell lung cancer (NSCLC) patients in stage Ia. Methods: The patients with stage Ia NSCLC treated in our hospital from January 2014 to December 2016 were collected. Two groups of patients were treated with VATS surgery. A group (54 cases) was treated with anatomic segmentectomy, B group (60 patients) with lobectomy. Pulmonary function changes and the effect of the operation of the two groups were compared. Results: The operation time and number of lymph node between A and B group had no significant difference ( $P>0.05$ ), and surgery hemorrhage, thoracic drainage volume, postoperative extubation time, postoperative hospitalization time in A group were significantly lower than B group ( $P<0.05$ ). Before operation, FEV1%, FVC%, MVV% had no statistically significant difference between the two groups ( $P>0.05$ ). 3 months after surgery, FEV1%, FVC%, MVV% in A group was significantly higher than in B group ( $P<0.05$ ). After the surgery, the complication rate in the A group was 7.41%, which was lower than that of B group (13.33%). But there was no statistically significant difference ( $P>0.05$ ). Conclusion: VATS dissection for NSCLC patients with stage Ia has the advantages of small surgical trauma, rapid postoperative recovery and less impact on the pulmonary function of the patients.

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