

# 疼痛管理联合超声熏洗对肛门手术后创面愈合的效果

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**摘要:**目的 探讨疼痛管理联合超声熏洗对肛门手术后患者创面愈合恢复的效果。方法 选取 2013 年 7 月—2014 年 9 月收治于上海市青浦区肛肠科行肛门疾病手术的患者 120 例, 随机分为观察组和对照组各 60 例, 两组患者术后第 2 天均给予超声中药熏洗, 观察组在超声熏洗的基础上实施规范化疼痛管理, 比较两组患者术后不同时间内疼痛程度、术后 7 d 内并发症发生情况及创面愈合情况。**结果** 观察组术后 6~48 h 内的疼痛评分均显著低于对照组, 差异有统计学意义( $P$  均  $< 0.05$ )。观察组术后水肿、渗液和出血的发生率均低于对照组, 且创面愈合时间亦较对照组更短, 差异均有统计学意义( $P$  均  $< 0.05$ )。**结论** 应用疼痛管理联合超声熏洗可明显缓解肛门手术后患者的疼痛, 加速水肿消退, 能够有效缩短创面愈合时间, 有利于患者的康复。

**关键词:** 肛门手术; 疼痛管理; 超声熏洗; 创面愈合

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**Effects of pain management combined with ultrasonic fumigation and washing on wound healing after anal operation** (Qingpu Hospital of Traditional Chinese Medicine, Shanghai 201700, China)

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**Abstract: Objective** To investigate the effects of pain management combined with ultrasonic fumigation and washing on wound healing after anal operation. **Methods** A total of 120 patients who received anal operation in our hospital were selected from July 2013 to September 2014. They were randomly and equally divided into the experimental group and control group. All the patients were treated with ultrasonic fumigation and washing on the second day after anal operation. The experimental group received additional pain management. The degree of pain, occurrence of complications in 7 d, and wound healing between the two groups were compared. **Results** The degree of postoperative pain during 6 to 48 h in the experimental group was significantly lower than that in the control group ( $P < 0.05$ ). The incidence rates of edema, oozing and bleeding were significant lower, and the wound healing time was significantly shorter in the experimental group than those in the control group (all  $P < 0.05$ ). **Conclusion** Pain management combined with ultrasonic fumigation and washing can significantly alleviate pains after anal operation, promote edema subsiding and shorten wound healing time. It is benefit for the rehabilitation of patients.

**Key Words:** Anal operation; Pain management; Ultrasonic fumigation and washing; Wound healing

肛门手术虽然时间短、创口小,但由于切开部位神经丰富、感觉敏感,术中局部组织损伤、创面炎性水肿、渗出物刺激、活动时创面摩擦、排便等均可引起疼痛。

组织损伤后释放的炎性介质(即致痛因子),是引起术后疼痛的主要病理基础<sup>[1]</sup>。术后疼痛控制不佳会延长创面愈合的时间,且严重阻碍患者的手术恢复和疾病康复进程。如何提高手术治疗效果,促进术后创面愈合,减少术后并发症的发生,成为护理的重要课题。肛门术后伤口疼痛主要集中在术后 6~48 h<sup>[2]</sup>。因此实

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