

· 论 著 ·

# 体位调节对预防俯卧位椎动脉内径变窄的效果

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**摘要:**目的 探讨体位调节对于预防俯卧位椎动脉内径变窄的效果, 以及对改善患者舒适度的意义。方法 于 2013 年 7 月—2014 年 7 月招募 60 名健康志愿者随机分为两组, 均使用超声测量仰卧位时双侧椎动脉内径 (vertebral artery inner diameter, VAID) 作为正常值参考。观察组取俯卧位, 通过体位调节使双侧 VAID 尽可能接近正常值, 记录 VAID 变化值 ( $\Delta D_{\text{观察}}$ ); 对照组同样取俯卧位, 但不进行体位调节, 测量双侧 VAID, 记录 VAID 变化值 ( $\Delta D_{\text{对照}}$ )。两组被试者在保持俯卧位 2 h 后, 分别采用视觉模拟评分法 (VAS) 及眩晕残障程度评定量表 (DHI) 评估头颈部疼痛及眩晕情况。结果 观察组 VAID 变化不明显 ( $P=0.67$ ),  $\Delta D_{\text{观察}} = (0.08 \pm 0.03)$  mm; 对照组 VAID 变化明显 ( $P<0.01$ ),  $\Delta D_{\text{对照}} = (0.91 \pm 0.18)$  mm; 在头痛及头晕评估中, 观察组得分明显低于对照组 ( $P<0.05$ )。结论 通过对健康受试者的研究发现, 调整头部体位可以有效防止俯卧位 VAID 变窄, 对于降低俯卧位术后头痛和眩晕的发生率、提高患者舒适度将有积极意义。

**关键词:** 手术体位; 体位调节; 俯卧位; 椎动脉内径; B 超; 患者舒适度; 疼痛; 眩晕

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**Effect of position adjustment on prevention of narrowing of vertebral artery inner diameter in prone position** (Shanghai Sixth People's Hospital, Shanghai Jiao Tong University, Shanghai 200233, China)

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**Abstract: Objective** To study the effect of position adjustment on prevention of narrowing of vertebral artery inner diameter (VAID) in prone position, as well as its value in promoting comfort degree of patients. **Methods**

From July 2013 to July 2014, a total of 60 healthy volunteers were recruited and randomly divided into two groups. The bilateral VAIDs of all volunteers in supine position were measured by ultrasound and used as normal reference values. The volunteers in the experimental group took prone position and adjusted position to keep their bilateral VAIDs as close as possible to the normal reference values. The difference in VAIDs between supine position and prone position was recorded as  $\Delta D_{\text{experimental}}$ . The bilateral VAIDs of the volunteers in the control group were measured in prone position without any position adjustment, and the difference in VAIDs between supine position and prone position was recorded as  $\Delta D_{\text{control}}$ . After maintaining the prone position for 2 h, Visual Analogue Scale (VAS) and Dizziness Handicap Inventory (DHI) scale were used to evaluate degree of headache and dizziness. **Results** After position adjustment in proper position, there was no significant difference in bilateral VAIDs between supine position and prone position in the experimental group ( $P=0.67$ ).  $\Delta D_{\text{experimental}}$  was  $(0.08 \pm 0.03)$  mm. There were significant differences in bilateral VAIDs between supine position and prone position in the control group ( $P<0.01$ ).  $\Delta D_{\text{control}}$  was  $(0.91 \pm 0.18)$  mm. The comfort degree in the experimental group was significantly higher than that in the control group ( $P<0.05$ ).

**Conclusion** Position adjustment could effectively prevent the narrowing of VAID in prone position, decrease postoperative headache and dizziness, and

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