

# 妇产科腹部术后大承气汤保留灌肠的疗效观察

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**内容提要** 本文报告前瞻性对 120 例妇产科腹部术后患者肠功能恢复情况的临床疗效观察。患者随机分为给药组和对照组，各 60 例。给药组术后用大承气汤煎剂保留灌肠，肛门出现排气时间平均为 25.2h，1 例有中度腹胀；对照组平均为 47.8h，15 例有中度以上腹胀。证实大承气汤煎剂保留灌肠用于妇产科腹部术后，具有防治术后肠功能紊乱，促进肠功能早期恢复的作用。

1984 年 1 月~1986 年 3 月，我们对 60 例妇产科腹部手术患者，术后使用大承气汤煎剂保留灌肠，促进肠功能早期恢复，取得了明显效果，报道如下。

## 资料与方法

一、观察对象：120 例妇产科腹部手术患者。随机分为给药组和对照组，各 60 例。给药组 18~40 岁 55 例，41 岁以上 5 例；剖腹产 40 例，子宫切除和附件手术各 10 例；局部麻醉 15 例，硬膜外麻醉 45 例；平均手术时间 116 分钟。对照组 18~40 岁 52 例，41 岁以上 8 例；剖腹产 49 例，子宫切除 4 例，附件手术 7 例；局部麻醉 12 例，硬膜外麻醉 48 例；平均手术时间 97 分钟。

二、观察项目：连续观察、准确记录术后早期肠功能恢复情况，如肠鸣音变化、第一次肛门排气或排便时间、腹胀程度、输液量、用药后副作用和并发症等。

三、方法：给药组采用大承气汤，即大黄（后下）、芒硝（冲）、枳实、厚朴各 15g，煎成 200ml。术后即刻（最晚 12 小时）用 100ml 保留灌肠，用后 6 小时（h）肛门不排气重复一次，24h 仍不排气可根据肠鸣音恢复情况再用药 50~100ml。对照组按一般治疗处理。两组其他治疗措施尽量保持一致。

## 结 果

给药组 60 例，48h 内肛门排气或排便者 58

例（96.7%），其中 31 例 24h 内排气；48 小时后排气者 2 例（3.3%）。排气最早的术后 3h，最迟的 50h，平均为 25.2h。对照组 48h 内排气者 30 例（50.0%），其中 3 例 24h 内排气；排气最早的 20h，最迟的 80h，平均为 47.8h。两组比较差异显著（ $t=9.33$ ， $P<0.01$ ）。两组术后出现中度以上腹胀者 16 例，其中给药组 1 例，对照组 15 例，两组差异显著（ $X^2=12.19$ ， $P<0.01$ ）。平均输液量给药组 5800ml，对照组 8400ml。

## 讨 论

腹腔手术患者由于麻醉、创伤等影响，术后常常引起胃肠道功能紊乱，多数患者术后早期出现肠胀气，甚至肠麻痹。往往需要禁食、胃肠减压、靠输液维持水电解质平衡，患者既痛苦，又影响术后恢复。尤其是剖腹产后的产妇，因禁食，乳汁自然分泌较迟较少，给母婴带来不利。

剖腹产、子宫切除和附件手术等，虽不涉及肠道，但因腹腔手术能引起交感神经兴奋，致使胃肠道活动受到抑制<sup>〔1〕</sup>，故术后早期胃肠道活动减弱，可导致肠麻痹。研究表明大承气汤能对肠管平滑肌起直接兴奋作用，明显增加肠道的蠕动功能。诸药中对小肠起作用的主要是芒硝、大黄、枳实及厚朴，对肠道的兴奋作用主要在大肠<sup>〔2,3〕</sup>。据此用本方煎剂保留灌肠能发挥直接兴奋肠道平滑肌、增加肠管蠕动和推进功能的作用，从而能有效地促进术后肠功

能早期恢复,防治肠麻痹。

有人认为产后多虚宜大补之,不宜凉,不宜下。我们认为产后病并非都是虚证,应具体辨证。产妇大多年轻体壮,因胎火多有大便秘结,术后腑实肠结症是主证,故用通里攻下不为误治。古代医家张景岳亦主张:产后即有表邪,不得解;即有火邪,不得清,既有内伤停滞,不得开通消导……。遇此等实证,若用大补,是养虎为患,误矣<sup>④</sup>。

大承气汤煎剂保留灌肠药性并非峻烈。本组用药后无亡津伤液、腹泄不止、产后出血等副作用和并发症。但因此法有较强泻下作用,故对有急慢性肠炎者应慎用或不用。

大承气汤煎剂术后保留灌肠的优点:(1)术后用药不产生肠胀气、肠麻痹,一般患者可进食,肠功能恢复早。以通为补,气机升降协

调,调动机体的抗病能力,术后发热反应轻。患者能尽早活动,故可能有避免肠粘连之功效。(2)产妇术后进食不限,乳汁分泌早,有利于婴儿的喂养。(3)输液和其他用药减少。(4)操作简便,安全可靠,无副作用和并发症,易于掌握,便于推广。

(对参加此项临床观察的我院妇产科全体同志致谢)

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# 精神分裂症中血瘀证的临床观察

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为了探讨精神分裂症中血瘀证的临床特点,我们对413例精神分裂症患者进行了观察,报道如下。

**临床资料** 男性227例,女性186例;年龄17~67岁,平均32岁;病程3个月~33年,平均8年。诊断标准:精神分裂症按中华医学会神经精神科1984年“精神分裂症临床工作诊断标准”诊断。血瘀证参考1982年全国活血化瘀学术会议的“血瘀证诊断试行标准”诊断。

**方 法** 在确诊为精神分裂症的413例患者中随机抽样,进行中医四诊观察,讨论确定血瘀证的诊断。

**结 果** 本组413例患者中,有血瘀证者118例,阳性率为28.6%。(1)性别与血瘀证的关系:血瘀证患者男性40例(17.6%),女性78例(41.9%)。(2)年龄与血瘀证的关系:≥45岁者(34/76例)血瘀证阳性率为45%;<45岁者(84/337例)为23%。两组间有非常显著性差异( $P<0.01$ )。(3)病程与血瘀证的关系:病程>5年者血瘀证阳性率34%,<5年者21%。两组间有显著性差异( $P<0.05$ )。(4)精神症状与血瘀证

的关系:以幻听者血瘀证阳性率较高,为43.86%(25/57)。与思维联想障碍、妄想、被控制感、情感不协调和行为障碍等之间无明显差异( $P$ 均>0.05)。(5)精神分裂症类型与血瘀证的关系:以青春型血瘀证阳性率较高,为30.5%(18/59),与偏执型、紧张型、单纯型、其他型之间无显著性差异( $P$ 均>0.05)。(6)血瘀主要指征在血瘀证中出现率:出现最多的血瘀主要指征为舌脉瘀紫、唇青紫和舌紫暗,患者具有此三项指征被诊为血瘀证者分别为63.8%、60%和75%。舌质瘀斑、瘀点和脉涩、结、代出现率较低,但分别有85%和90%的患者被诊为血瘀证。(7)血瘀次要指征在血瘀证中出现率:各项次要指征为健忘、眼周黑、四肢麻木、胸胁痛、头痛、面色青紫及痛经等,其出现率以健忘最高,诊为血瘀证者占37.71%,面色青紫者5例,全部诊为血瘀证。

**体 会** 本文说明精神分裂症中的血瘀证与躯体疾病不同,目前难于单纯依靠四诊指征做为诊断依据,需开展临床与实验室的综合研究。

were negligible. Duration of operation: 10 to 65 minutes, with an average of 26 minutes. Immediate complication was markedly reduced. Results: 376 cases were cured and 28 improved. 110 patients were followed up for 2 to 17 years; Anal pain with occasional bleeding and external skin tag occurred in 8 patients, mild constriction of rectal mucosa in 2 and recurrence after 3 years in 2 cases. Satisfactory results were found in the remaining patients (89.09%). Discussion: Local anesthesia to the left, right and posterior sphincter groove using fine needle to avoid tension-induced pain and bleeding after operation. Adoption of high ligation and pressed with *Lasiosphaera fenzlii* sponge to prevent from bleeding and constriction of anus and rectum. Appropriate excision of the skin flap over external hemorrhoid refrain from injury to the anal muscles and the recurrence of hemorrhoid. The internal and external varicose veins should be completely removed. From the above-mentioned, we considered that external excision and internal separation with high ligation is a fairly ideal operation for mixed hemorrhoid.

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#### **Observation on the Hemospasia Therapy and Sodium Ferulate Intravenous Dripping in Treating Cor Pulmonale**

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30 cases of cor pulmonale (CP) were treated by means of hemospasia therapy and sodium ferulate intravenous dripping in our hospital from Oct. 1983 to Nov. 1984. They were compared with 38 cases of comprehensive therapy, 48 cases of sodium ferulate only, and 30 cases of heparin therapy. Before treatment there was no significant difference in severity of illness, age, indexes of hemorheology and partial pressure of arterial oxygen ( $\text{PaO}_2$ ) among the four groups ( $P > 0.05$ ). After treatment, there was no marked change among the three control groups ( $P > 0.05$ ). But in the group of hemospasia therapy, the results showed that mean hemoglobin (Hb) lowered by 9.03%, hematocrit (Ht) by 11.05%, whole blood viscosity by 15.15% ( $P < 0.05 \sim 0.005$ ), the serum viscosity and  $\text{PaO}_2$  did not change significantly ( $P > 0.05$ ). After hemospasia, systolic pressure reduced ( $P < 0.02$ ), but diastolic pressure, heart rate, cardiac output and cardiac index had no significant change ( $P > 0.05$ ).

The amount of hemospasia was 50 to 350 ml / time, which may be repeated in one week or two. Altogether, the sum was 250 to 1220 ml. After hemospasia, 500 ml of Dextran-40 or Dextran was infused immediately, then sodium ferulate was dripped intravenously every day. After treatment, the patients' symptoms alleviated, they felt relaxed, the palpitation and chest oppression lightened, the cardio-pulmonary function improved. No case of death was reported. In 20 cases of CP with respiratory failure, their Ht and blood viscosity decreased rapidly, time had been won for further treatment.

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#### **An Observation on Therapeutical Effect of Retention Enema of Da Cheng Qi Tang (大承气汤) after Gyneco-Obstetrical Abdominal Operation**

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A prospective study has been carried out on 120 patients after gyneco-obstetrical abdominal operation for the recovering of intestinal function since 1984. The patients were randomly divided into the treated and the control group, each with 60 cases. The treated group was administered with the Da Cheng Qi Tang (大承气汤) by retention enema immediately after the operation, one dose of 100 ml for each patient. If it produced no effect, remedication might be taken 6 hours later. The treatment might be repeated again until intestinal gas is expelled from anus within 24 hours. The treatment should not stop until the intestinal motility was recovered completely, while the control group had no immediate gas-expelling effect. It was demonstrated that the time needed for the patients of treated group to expell gas was 25.2 hours in average after operation. Moderate flatulence occurred in 1 among 60 cases, while that of control 47.8 hours in average. Moderate and severe flatulence occurred in 15 among 60 cases. Differences in the recovery of intestinal motility between the two groups were significant statistically. Side-effects and complication such as depletion of body fluid, severe diarrhea and postpartum bleeding, etc., have not been found in treated group. It has been shown that the Da Cheng Qi Tang retention enema after gyneco-obstetrical abdominal operation yielded remarkable effect for the recovery of intestinal motility. The retention enema not only refrain from the violent action of the drug, but also may stimulate the intestinal smooth muscle. Therefore, this method may promote the recovery of intestinal motility post-operationally.

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