

· 腹部疾病 ·

经尿道2 μm激光前列腺汽化切除术后再入院原因及对策*

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【摘要】目的 探讨经尿道RevoLix 2 μm激光前列腺汽化切除术后需再次入院治疗的原因。方法 回顾性分析2011年6月至2014年6月本院收治的经尿道2 μm激光前列腺汽化切除术后再次入院患者的临床资料。结果 317例接受经尿道2 μm激光前列腺汽化切除术患者再次入院16例。再入院原因按发生例数依次排列如下: 血尿8例, 膀胱颈挛缩3例, 前列腺癌2例, 前尿道狭窄、泌尿系感染和急性附睾炎各1例。给予相应处理后均顺利出院。结论 继发出血及膀胱颈挛缩是经2 μm激光前列腺汽化切除术后再次入院的主要原因, 需注意围术期管理及术后随访, 根据病情变化及时给予相应处理。

【关键词】良性前列腺增生; 经尿道前列腺切除术; 激光手术; 再次入院

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Causes and Managements of Readmission After Transurethral Vaporesction of Prostates by 2μm Continuous Wave Laser*

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【Abstract】Objective To analyze the causes and managements of readmission after transurethral vaporesction for benign prostatic hyperplasia by 2μm continuous wave laser. Methods A retrospective study was conducted to summarize the cases who were readmitted after transurethral vaporesction for BPH by 2μm continuous wave laser. Results 317 patients received this operation from June 2011 to June 2014 in our hospital. Among them, 16 patients experienced readmission after mean interval of 1.8 months with an incidence rate of 5.05%. 8 cases that had experienced bleeding and acute retention underwent transurethral bladder washing and coagulating. Bladder neck contracture was found in 3 cases and received transurethral resection of scar by 2μm continuous wave laser, followed with regular urethral dilatation. Prostate cancer was detected in 2 cases, who received medical castration finally. 1 cases developed anterior urethral stricture and received internal urethrotomy by 2μm continuous wave laser and followed with regular urethral dilatation. 2 case received antibiotic therapy for urological tract infection or unilateral acute epididymitis. Conclusions Bleeding and bladder neck contracture were main causes for readmission after this operation. Correct preoperative diagnosis, rational surgical type and adequate intraoperative and postoperative management are keys to preventing readmission.

【Key words】Benign Prostatic Hyperplasia; Transurethral Prostatectomy; Laser Surgery; Readmission

经尿道2 μm激光前列腺汽化切除术是目前治疗前列腺增生的最新的微创手术方法, 具有操作精细、出血少、恢复快、并发症少等优点^[1-2]。但部分患者因术后并发症等原因需再次入院治疗^[3], 分析其再入院的原因对预防和正确处理至关重要。我院自2011年6月至2014年6月采用经尿道2 μm激光前列腺汽化切除

术治疗BPH患者317例, 其中16例患者出院后1.8(0.6-25.3)月再次入院。本文旨在对上述患者再入院原因和处理措施进行探讨, 报告如下。

1 资料与方法

1.1 一般资料 本组接受经尿道2 μ m激光汽化切除术的患者共317例,再次入院患者16例,其中1例2次入院。患者年龄69(57-88)岁。再入院时间1.8(0.6-25.3)月。临床表现为明显肉眼血尿甚至膀胱血块堵塞者8例,尿线变细、排尿等待等排尿期症状5例,尿频、尿急、尿痛等储尿期症状1例,无明显症状2例。再次入院主要诊断:前列腺术后出血8例,膀胱颈挛缩3例,前尿道狭窄1例,前列腺癌2例,泌尿系感染及急性附睾炎各1例(后者2次住院)。

1.2 治疗方法 8例前列腺术后出血患者中的5例经留置三腔尿管、持续膀胱冲洗等保守治疗,3例因膀胱血块堵塞行膀胱镜下血块清除术。3例膀胱颈挛缩及1例前尿道狭窄患者行2 μ m激光内切开术并定期尿道扩张;2例前列腺癌患者给予药物去势治疗,泌尿系感染和急性附睾炎病例给予抗感染及对症治疗。

2 结 果

317例经尿道2 μ m激光前列腺汽化切除术后再次入院16例(5.0%),术后平均1.8(0.6-25.3)月再入院。血尿为再入院的主要原因,多数可经保守治疗。其次为手术后膀胱颈挛缩。除1例附睾炎患者治愈出院2月后再次复发入院外,所有患者采取相应的治疗方法后病情均得到缓解,顺利出院。

3 讨 论

Revolix 2 μ m激光是近年应用于临床的一种高功率激光,因其波长为2.013 μ m而得名。兼具切割、汽化和止血功能,操作精细,创伤小,恢复快^[4]。由于上述优点,2 μ m激光被越来越多的泌尿外科医师应用于BPH的治疗并取得良好的近期效果^[5]。但该手术并发症的发生情况罕见报道^[6]。现将我院收治的16例2 μ m激光治疗前列腺增生症术后再次住院的原因分析如下。

3.1 前列腺术后出血 8例,发生于术后2~6周,表现为轻重不等的血尿,甚至血块堵塞尿道,造成急性尿潴留。发生原因:(1)术前未能有效控制高血压、糖尿病等基础疾病;(2)术中止血不彻底或穿透前列腺包膜;(3)术后活动过度、大便秘结等引起创面焦痂脱落。预防措施:(1)采取积极有效措施控制基础疾病,充分准备,术前1周酌情停用抗凝剂,根据病情变化及时给予相应处理;(2)术中精细操

作,尽量避免切透包膜,彻底止血;(3)加强宣教,防治便秘,避免过劳;(4)建议围术期口服非那雄胺至术后1月以上。治疗措施:轻微血尿可试行导尿、持续牵拉尿管、持续膀胱冲洗,并酌情应用止血药物;严重血尿导致失血性贫血、膀胱血块堵塞,易堵塞尿管,需急诊镜下止血。

3.2 膀胱颈挛缩和前尿道狭窄 3例膀胱颈挛缩发生于术后4~18周,1例前尿道狭窄发生于术后第3月。表现为逐渐出现的尿频、尿急、夜尿增多,排尿费力,尿线变细等。膀胱镜检查表现为膀胱颈后唇抬高,颈部环形狭窄,或前尿道狭窄,粘膜苍白。发生原因:(1)既往长期慢性前列腺炎病史,前列腺体积偏小;(2)术中切除膀胱颈后唇范围较大,术后瘢痕收缩导致膀胱颈部狭窄;(3)激光切割镜鞘较粗(F26),进镜时损伤尿道粘膜^[7];(4)术毕选用的导尿管过粗,尿道分泌物引流不畅。治疗措施:镜下以2 μ m激光彻底切断膀胱颈后唇5~7点纤维环或前列腺尿道狭窄环^[8],术后小剂量口服糖皮质激素抑制瘢痕形成,并定期尿道扩张。

3.3 前列腺癌 2例,分别于术后6月、13月发生,术前直肠指检、血清前列腺特异抗原测定、泌尿系超声检查,以及术后病理检查均未见前列腺癌表现。考虑手术仅切除前列腺增生部分,未涉及前列腺癌高发的外周带,该肿瘤可能为新发肿瘤或潜伏癌。预防措施:术前注意排除前列腺癌可能,并告知患者前列腺增生术后仍有发生前列腺癌的可能性,需定期复查。治疗措施:此2例患者年龄均>75岁,体质较差,合并1~2项基础疾病,遂采取药物去势治疗;如条件允许,可考虑行前列腺癌根治术。

3.4 泌尿系感染及急性附睾炎 各1例,泌尿系感染发生于术2周,急性附睾炎患者分别于术后3周和8周2次住院。表现为尿色混浊,伴尿频、尿急尿痛,或单侧/双侧阴囊内肿痛。血常规、尿常规、超声检查有助于诊断。发生原因:(1)术前泌尿系感染未完全控制;(2)术中污染;(3)术后留置导尿管致逆行感染。预防措施:(1)术前积极控制感染;(2)直视下进镜,尽量避免镜鞘反复进出尿道;(3)选择口径适当、组织相容性好的尿管,尽早拔除尿管。

对比其它类似研究,本组患者中未见经尿道前列腺电切术后再次入院常见的腺体残留或复发、逼尿肌乏力或神经源性膀胱功能障碍、尿失禁和膀胱结石等情况,分析原因包括本院早期开展2 μ m激光治疗良性前列腺增生时选择手术适应证严格、手术操作谨慎、术

后护理精细且随访密切。本组患者例数相对较少,随访时间亦较短,有关经尿道2 μ m激光前列腺汽化切除的远期疗效及并发症有待大样本的长期随访。

综上所述,2 μ m激光是一种治疗良性前列腺增生的安全有效的微创技术,但术后亦可能有一定的并发症发生,需注意围术期管理及术后随访,根据病情变化及时给予相应处理。

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