

turing the muscles and the skin. For a patient tested, a total of 5~8 scales was evaluated as satisfactory and below 4 scales as poor. The follow-up was scaled by the patient's recalling of the operation and pain. If one could remember the proceeding of the operation and no pain or slight pain was felt at that time, he could get 1 scale. However, if one complained of pain during the operation, no (0) scale was obtained. The evaluation of the results was same as the above. Statistically significant differences were observed between the scales obtained from the moderate and low type patients both prior to and during the operation ($P < 0.05$). The observations indicate that relation exists between neural types and anesthetic results of the patients, that is, patients belong to type 6~13, but not 14~16 type could get satisfactory anesthetic results.

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肺切除术 针刺麻醉

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针刺加针刺增效药麻醉在肺切除中的应用

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R 655.3

从1992年11月~1993年12月,我室做针药麻和全麻组病人各34例,在术中用药量作比较;并对针药麻病人术中和术后随访的疗效作分析。二组以肺癌为多,其次肺结核良性肿瘤,二组各男性25例,女性9例,年龄在40~70岁,手术方式肺叶切除或全肺切除。针药麻病人术前清醒作针刺诱导,手法运针,上下肢12对穴位,病人进入针刺状态后进行麻醉诱导,用氟派啶醇0.15mg/kg,硫苯妥钠和司可林进行麻醉插管,静脉无杜冷丁复合液维持和持续运针直至麻醉毕,切皮前静脉用芬太尼0.1mg,开胸前和关胸后滴速慢,使病人呼之能睁眼,进入针麻状态。术中清醒和术后随访无痛为好。全麻组术中按常规进行。其结果:针药组34例无杜冷丁复合液 $\bar{X}0.0628 \pm 0.0124$ ml/kg/分,全麻组34例有杜冷丁复合液 $\bar{X}0.07033 \pm 0.0128$ ml/kg/分。用分组t测验, $t=2.4637, P < 0.05$,针药组明显少于全麻组,说明针刺加针刺增效药增加针刺在术中的镇痛作用,减少静脉复合液量。针麻效果好的18例有13例术中用药<针麻平均值,5例用药大于针麻平均值;针麻效果差的16例中用药小于针麻平均值5例,大于针麻平均值11例,用精确概率法统计 $P=0.0197 P < 0.05$ 。对针麻效果差的病例分析是病人有嗜酒习惯,对静脉复合麻醉有耐受性;少数病人有高血压史,术中麻醉不能浅。提示我们今后对这些病人不宜做针麻,以进一步提高针麻疗效。

Application of Synergist-Combined Acupuncture Anesthesia in Pneumonectomy

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From November 1992 to December 1993, we compared the amounts of anesthetics in 434 cases of pneumonectomy under synergist-combined acupuncture anesthesia (group A) and general anesthesia (group B) and analyzed the conditions of patients in group A during and after the operation. The patients, most of whom suffered from pulmonary carcinoma, tuberculosis and benign tumor, were re-

ceived pulmonary lobectomy and total pneumonectomy. Of the patients in each group, 25 cases were male and 8 female, aged from 40~70. In group A, acupuncture was applied to 12 pairs of points in limbs with manual manipulation first. Then haloperidol (0.15mg/kg), sodium pentothal and scoline were administered to induce anesthesia, which was maintained by intravenous injection of drugs without dolantin and acupuncture during the whole course of the operation. Besides, fentanyl (0.1mg) was given before incision of the skin. Before thoracotomy and after close of the chest, the injection was conducted slowly to keep such anesthetic state that the patient could not open his eyes to respond to the calling. Generally speaking, the patients were conscious during the operation and no pain was left at the end of the operation. The results revealed that the average dosage of anesthetics (without dolantin) of Group A was 0.0928 ± 0.124 ml/kg. min and that (with dolantin) of group B 0.07033 ± 0.0128 ml/kg. min. The two dosages was of statistically significant difference ($P < 0.05$). These results suggest that acupuncture can reduce the dosage of anesthetics.

154-155 肺切除术 皮质醇 针刺麻醉 全麻 P6
针药麻和全麻肺切除手术前后皮质醇的变化

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从1991年4月到1992年12月,我院对针麻肺切除病人外周血皮质醇的变化作了观察,针药麻、全麻二组病人均为30例。二组皆以肺癌居多,其次为肺结核良性肿瘤,二组各男性为21例、女性9例,年龄在50~70岁,手术方法均为肺叶切除或全肺切除。每个病人分别于术前一天。术中、术后第一天,三次采外周血,测定其皮质醇浓度,将所测得的值以双向t检验方法,进行统计学处理,发现针药麻及全麻病人术后值及术中值皆较术前值显著升高($t_1=12.52, t_2=9.68$)两组P值皆小于0.001,针药麻与全麻二组各次比较均无显著差异($P > 0.05$)。说明两组手术均有促进肾上腺皮质功能。处于应激状态,使外周血皮质醇显著升高。

对针药组病人进一步分析可见,针药麻效果佳者18例,术后一天皮质醇较术中测定值明显降低者有10例,而针麻效果差的12例,术后一天的皮质醇值明显降低者仅1例,二者经统计学处理,测得P值小于0.05,有显著差异。说明针药效果好的病人,针刺可以调节机体是对外来刺激的反应,保护机体对不良刺激的影响,使机体能更快的恢复平衡。针药麻效果差的病人就无此现象。

Change in Cortisol contents Before and After Pneumonotomy Under Acupuncture-Combined General Anesthesia and General Anesthesia

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From April 1991 to December 1992, we measured the contents of serum cortisol in 60 patients received pulmonary lobectomy or total pneumonectomy under general or acupuncture combined general anesthesia. The patients were equally divided into general anesthesia group (Group GA) and acupunc-