

doi: 10.3978/j.issn.2095-6959.2019.01.010

View this article at: <http://dx.doi.org/10.3978/j.issn.2095-6959.2019.01.010>

术后进食不同温度流质对于扁桃体切除术患者镇痛效果及胃肠功能的影响

刘红¹, 陈莉², 张继芳³

(徐州医科大学附属淮安医院, 淮安市第二人民医院 1. 外科; 2. 耳鼻喉科; 3. 输液室, 江苏 淮安 223001)

[摘要] 目的: 探讨不同温度流质对于扁桃体切除术后患者镇痛效果及胃肠功能的影响, 并明确扁桃体切除术后患者的最佳流质温度。方法: 选取择期在徐州医科大学附属淮安医院进行扁桃体切除术的60例患者进行研究。研究开始前先用Excel软件设计随机数字表, 患者依据编码分为3组, 每组各20例, 给予不同温度的流质。术后2 h~1 d所进食的食物均进行控温, A组流质在4 ℃冰箱冷藏保存, 患者食用时从冰箱取出立即食用。B组流质则在4 ℃冰箱冷藏保存后取出, 待温度升至15 ℃时给患者食用。C组流质在烹制完成后降至30 ℃时给患者食用。其余时间进食相同温度软食。结果: 3组患者在进食后各时间点疼痛视觉模拟评分法(Visual Analogue Scale, VAS)测评结果均无明显区别($P>0.05$)。进食后2 h, 0.5 d, 1 d, C组胃肠不适发生率均明显低于其他2组($P<0.05$), 进食后2 d三组患者胃肠不适发生率无明显差别($P>0.05$)。结论: 不同温度流质对扁桃体切除术后患者镇痛效果无明显区别, 但对胃肠不适等影响明显。30 ℃为扁桃体切除术患者最佳流质温度, 不影响伤口的镇痛, 同时可明显降低进食低温流质引起的胃肠不适。

[关键词] 不同温度; 流质; 扁桃体切除术; 镇痛; 胃肠功能

Effects of different temperature liquid food on the analgesic effect and gastrointestinal function in patients undergoing tonsillectomy

LIU Hong¹, CHEN Li², ZHANG Jifang³

(1. Department of Surgery; 2. Department of Otolaryngology; 3. Infusion Room, Huai'an Hospital Affiliated to Xuzhou Medical University, Huai'an Second People's Hospital, Huai'an Jiangsu 223001, China)

Abstract **Objective:** To investigate the effects of different temperature fluids on the analgesic effect and gastrointestinal function of patients after tonsillectomy, and to determine the optimal fluid temperature of patients after tonsillectomy. **Methods:** Sixty patients who underwent tonsillectomy in our hospital were selected for study. Before the start of the study, the random number table was designed with Excel software. The patients were divided into 3 groups according to the code, 20 cases in each group, and the fluids with different temperatures were

收稿日期 (Date of reception): 2018-09-06

通信作者 (Corresponding author): 张继芳, Email: 1693025169@qq.com

given. The foods that were eaten from 2 h to 1 d after operation were temperature-controlled. The fluid of group A was stored in a refrigerator at 4 °C. The patient was taken out of the refrigerator and consumed immediately. The liquidity of group B was taken out after storage in a refrigerator at 4 °C, and was given to the patient when the temperature was raised to 15 °C. Group C fluid was given to the patient when it was lowered to 30 °C after cooking. Eat the same temperature soft food for the rest of the time. **Results:** There were no significant differences in pain Visual Analogue Scale (VAS) between the three groups at each time point after eating ($P>0.05$). The incidence of gastrointestinal discomfort in group C was significantly lower than that in the other two groups ($P<0.05$) at 2 h, 0.5 d, and 1 d after eating. There was no significant difference in the incidence of gastrointestinal discomfort between the three groups after eating ($P>0.05$). **Conclusion:** There is no significant difference in the analgesic effect of patients with tonsillectomy after different temperature fluids, but the effect on gastrointestinal discomfort is obvious. 30 °C is the best fluid temperature for patients with tonsillectomy, does not affect the analgesia of the wound, and can significantly reduce the gastrointestinal discomfort caused by eating low temperature fluid.

Keywords different temperature; liquid food; tonsillectomy; analgesia; gastrointestinal function

扁桃体切除术是耳鼻喉科常见的手术之一,主要用于慢性扁桃体炎、扁桃体过度肥大、扁桃体肿瘤等疾病的治疗^[1]。术后患者需要进食多天的流质,在既往研究^[2]中有学者建议患者进行扁桃体切除术后为其提供冷流质,可以起到收缩血管而辅助止血的作用,同时还能缓解患者疼痛。但查阅相关文献^[3-5]发现,目前对于扁桃体术后患者进食流质的温度并没有一个明确的规定,大多根据以往的临床经验而定,并且无固定的标准。温度过低的流质容易引起患者的胃肠应激导致患者出现腹胀、腹痛等胃肠道症状,影响营养物质的吸收,不利于患者的恢复。而温度过高又容易刺激患者伤口,加重其疼痛。基于以上原因,本文进行了不同温度流质对于扁桃体切除术患者的疼痛及胃肠功能影响的研究,现报告如下。

1 对象与方法

1.1 对象

选取择期在徐州医科大学附属淮安医院进行扁桃体切除术的60例患者。纳入标准:1)经临床确诊需进行扁桃体切除;2)患者知情同意;3)年龄 ≥ 16 岁;4)意识清醒可与护理人员正常交流;5)患者愿意配合治疗,依从性佳。排除标准:1)凝血功能异常者;2)本身患有胃肠道疾病者;3)怀孕期与哺乳期妇女;4)恶性肿瘤及其他严重疾病患者。研究开始前先用Excel软件设计随机数字表,患者依据编码分为3组,每组各20例,给予不同温度的流质。A组男12例,女

8例,年龄 (32.75 ± 10.42) 岁;B组男11例,女9例,年龄 (34.29 ± 9.53) 岁;C组男10例,女10例,年龄 (33.77 ± 10.27) 岁。3组患者一般资料差异无统计学意义($P>0.05$)。本研究经徐州医科大学附属淮安医院医学伦理委员会批准。

1.2 方法

患者均进行以下常规护理:1)患者由手术室返回病房后,实施局麻者采取半坐卧位,对于全麻的患者让其平躺,头偏向一侧,待其清醒,麻醉消失后再取半坐卧位。注意观察患者是否有出血现象。2)对伤口外侧颈部冰敷。给予头孢类抗生素治疗,给予矛头蛇腹血凝酶予以止血。3)部分患者因疼痛而不愿进食,护理人员应指导家属准备患者喜好的流质。实在是疼痛难忍的患者,在医生评估后给予一定的止痛药物治疗。4)指导患者通过读书、看电视等方式分散对于疼痛的注意力,并通过图片、视屏等较为直观的形式对患者就扁桃体切除术后恢复及疼痛相关知识的介绍,告知患者术后疼痛属于正常现象,不必有心理压力。若患者疼痛仍无法缓解则需要医生对患者进行评估后给予药物镇痛。进食流质的护理:1)分组。根据分组情况,对3组患者的流质温度分别控制。术后2 h~1 d所进食的食物均进行控温。A组患者局部麻醉术后2 h或者全身麻醉术后6 h后,其流质在4 °C冰箱冷藏保存,患者食用时从冰箱取出立即食用。B组患者局部麻醉术后2 h或者全身麻醉术后6 h后,其流质则在4 °C冰

箱冷藏保存后取出,待温度升至15℃时给患者食用。C组患者局部麻醉术后2 h或者全身麻醉术后6 h后,其流质在烹制完成后降至30℃时给患者食用。2)食物的选择。食物选择遵循低脂高蛋白、富含维生素的原则进行选择。流质选择低脂牛奶;半流质则选择精瘦肉粥;软食由医院食堂统一配送研究定制饮食。3)术后进食。在患者术后2 h,待伤口无出血时可以让患者进食。患者术后第1次进食低脂牛奶60 mL。因吸管会将流质汇集到一处,且有一定的冲击力,容易对患者伤口造成二次损伤导致出血,因此进食时,需倒出牛奶直接饮用,切勿使用吸管。术后第1天进食低脂牛奶300 mL。在术后24 h后将流质食物改为精瘦肉粥半流质食物,进食半流质食物时各组患者的食物均在烹制完后放凉,控制在30℃,A,B组患者的食物不再进行冰箱冷藏。术后第2天,进食精瘦肉粥600 mL。在术后第3天可进行常温进食软食。

1.3 评价指标

以患者术后首次进食2 h及术后0.5 d, 1 d, 2 d作为各评价指标的观察时间点。以患者的疼痛与胃肠功能为评价指标。疼痛采用视觉模拟量表

(Visual Analogue Scale, VAS)进行测评,胃肠功能主要对患者发生腹痛、腹胀等胃肠道不适进行统计分析。

1.4 统计学处理

采用SPSS 22.0统计学软件进行数据分析,计量资料以均数±标准差($\bar{x} \pm s$)表示,计数资料采用卡方检验进行分析,计量资料采用单因素方差分析进行检验, $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 3组患者各观察时间点疼痛对比

3组患者在进食后各时间点疼痛VAS测评结果均无明显区别,差异无统计学意义($P > 0.05$,表1)。

2.2 3组患者各时间点胃肠道不适对比

进食后2 h, 0.5 d, 1 d, C组胃肠不适发生率均明显低于其他2组,差异有统计学意义($P < 0.05$);进食后2 d, 3组患者胃肠不适无明显差别,差异无统计学意义($P > 0.05$,表2)。

表1 3组患者各观察时间点疼痛对比

Table 1 Comparison of pain at each observation time in 3 groups ($n=20$)

组别	进食前/分	进食后2 h/分	进食后0.5 d/分	进食后1 d/分	进食后2 d/分
A组	4.62 ± 0.20	4.57 ± 0.402 ^A	4.43 ± 0.313	4.01 ± 0.389	3.03 ± 0.291
B组	4.69 ± 0.31	4.66 ± 0.256 ^A	4.51 ± 0.173	4.06 ± 0.207	3.05 ± 0.272
C组	4.70 ± 0.21	4.75 ± 0.184 ^A	4.60 ± 0.221	3.97 ± 0.263	2.96 ± 0.201
F	0.870	0.893	1.538	0.240	0.337
P	0.655	0.421	0.233	0.788	0.717

表2 3组患者各时间点胃肠道不适对比($n=20$)

Table 2 Comparison of gastrointestinal discomfort at each time point in 3 groups of patients ($n=20$)

组别	进食前/[例(%)]	进食后2 h/[例(%)]	进食后0.5 d/[例(%)]	进食后1 d/[例(%)]	进食后2 d/[例(%)]
A组	1 (5)	9 (45)	8 (40)	7 (35)	3 (15)
B组	2 (10)	5 (25)	5 (25)	3 (15)	1 (5)
C组	0 (0)	2 (10)	1 (5)	1 (5)	0 (0)
χ^2	2.878	6.307	6.894	6.234	3.750
P	0.237	0.042	0.032	0.044	0.153

3 讨论

慢性扁桃体炎是耳鼻喉科常见的疾病,其发病不仅会造成扁桃体本身红肿发炎,还可能会诱发中耳炎、鼻窦炎等一系列的疾病^[6-7]。因此对于临床上无法用药物控制的慢性扁桃体炎的患者大多采取扁桃体切除术以彻底治疗^[8]。该手术术后会造成患者剧烈的疼痛,影响患者的进食。研究^[9-10]证明:扁桃体切除术患者手术后24 h内疼痛最为严重,因此患者术后进食低温的流质尤为重要,不但可以避免刺激伤口而加重疼痛,同时还有一定的辅助止血的作用。但温度过低的食物容易刺激患者胃肠道,反而加重患者的不适。

本研究结果显示:3组患者在进食后各时间点疼痛VAS测评结果均无明显区别($P>0.05$)。进食后2 h, 0.5 d, 1 d, C组胃肠不适发生率均明显低于其他2组($P<0.05$),进食后2 d, 3组患者胃肠不适无明显差别($P>0.05$)。提示温度分别为4, 15, 30 ℃的流质对于扁桃体切除术患者的镇痛效果相当,但4, 15 ℃的流质能导致患者出现胃肠道不适,故建议扁桃体切除术后患者流质的最佳温度为30 ℃。扁桃体切除术后患者建议食用低温流质的原因是温度较低的食物可收缩手术创口附近的毛细血管,起到一定的辅助止血的作用,同时低温还可以降低患者神经末梢的敏感而起到一定的镇痛作用。但从本文对患者进行疼痛VAS量表测评的结果来看,4, 15, 30 ℃ 3组温度对于患者疼痛并无太大影响($P>0.05$),且术后3组患者均未出现伤口再次出血的状况;而A, B组的患者因进食4, 15 ℃的食物温度过低引起胃肠道的血管痉挛或收缩,导致患者出现腹痛、腹胀等腹部的不适^[11],同时胃部血管的收缩促进胃肠道分泌黏液,胃肠道黏液不利于体内有益菌的繁殖,但却为部分致病菌的繁殖提供了便利。加上患者在术前术后均需禁食一段时间,体内营养供应不足,以及手术对患者造成的应激反应等导致部分患者出现胃肠道菌群失调,引起胃肠道不适^[12-13]。C组患者进食流质温度为30 ℃,与人体的正常体温较为接近,不易引起患者胃肠道血管收缩或痉挛,胃肠道不适的患者也较少。

综上所述,不同温度流质对扁桃体切除术后患者镇痛效果无明显区别,但对胃肠不适的影响明显,温度越低,胃肠不适发生率越高。30 ℃为扁桃体切除术患者最佳流质温度,不影响伤口的镇痛,同时还可明显降低进食低温流质引起的胃肠不适。

参考文献

1. 胡秀英,沈美琴. 扁桃体摘除术后的护理[J]. 护士进修杂志, 2015, 30(6): 559-561.
HU Xiuying, SHEN Meiqin. Nursing care after tonsillectomy[J]. Journal of Nurses Training, 2015, 30(6): 559-561.
2. Liu LL, Wang LN, Jiang Y, et al. Tonsillectomy for IgA nephropathy: a meta-analysis[J]. Am J Kidney Dis, 2015, 65(1): 80-87.
3. 王秀珍,徐梅,王令焕. 自制垫肩式冷敷袋在扁桃体摘除术后患者中的应用[J]. 中华现代护理杂志, 2015, 21(14): 1729-1730.
WANG Xiuzhen, XU Mei, WANG Linghuan. Application of self-made shoulder pad cold compress bag in patients after tonsillectomy[J]. Chinese Journal of Modern Nursing, 2015, 21(14): 1729-1730.
4. 李莎,杨英,王萍,等. 电动充气式肩颈一体枕的制作及其在小儿扁桃体切除术中的应用[J]. 解放军护理杂志, 2015, 32(4): 70-71.
LI Sha, YANG Ying, WANG Ping, et al. Fabrication of electric inflatable shoulder and neck integrated pillow and its application in pediatric tonsillectomy[J]. Nursing Journal of Chinese People's Liberation Army, 2015, 32(4): 70-71.
5. Shay S, Shapiro NL, Bhattacharyya N. Revisit rates and diagnoses following pediatric tonsillectomy in a large multistate population[J]. Laryngoscope, 2015, 125(2): 457-461.
6. 陈小慧,鲍凤香,刘海波. 全麻扁桃体切除术后患者两种体位的比较研究[J]. 泰山医学院学报, 2015, 36(6): 642-644.
CHEN Xiaohui, BAO Fengxiang, LIU Haibo. Comparative study of two postural positions in patients after general anesthesia tonsillectomy[J]. Journal of Taishan Medical College, 2015, 36(6): 642-644.
7. 张标新,李伦兰,朱子秀,等. 儿童扁桃体切除术后疼痛的非药物性护理干预[J]. 护理学杂志, 2016, 31(14): 21-23.
ZHANG Biaoxin, LI Lunlan, ZHU Zixiu, et al. Non-pharmacological nursing intervention for pain after tonsillectomy in children[J]. Journal of Nursing Science, 2016, 31(14): 21-23.
8. He S, Chen J. Whether tonsillectomy is necessary for pediatric osa with small tonsils? Drug induced sleep endoscopy can tell[J]. Sleep Med, 2017, 40(Suppl 1): e128.
9. 药晋红,郑虹彩,李楠. 扁桃体切除术后疼痛护理进展[J]. 中华现代护理杂志, 2007, 13(19): 1831-1832.
YAO Jinhong, ZHENG Hongcai, LI Nan. Progress in pain nursing after tonsillectomy[J]. Chinese Journal of Modern Nursing, 2007, 13(19): 1831-1832.
10. Hermans V, De Pooter F, De Groote F, et al. Effect of dexamethasone on nausea, vomiting, and pain in paediatric tonsillectomy[J]. Br J Anaesth, 2012, 109(3): 427-431.
11. 关凤蕊,马振玲,杨金铭. 综合护理在儿童OSAS手术中的应用研究[J]. 护理研究, 2015, 29(2): 762-763.
GUAN Fengrui, MA Zhenling, YANG Jinming. Application of

- comprehensive nursing in children's OSAS surgery[J]. Chinese Nursing Research, 2015, 29(2): 762-763.
12. Söderman AC, Odhagen E, Ericsson E, et al. Post-tonsillectomy haemorrhage rates are related to technique for dissection and for haemostasis. An analysis of 15734 patients in the National Tonsil Surgery Register in Sweden[J]. Clin Otolaryngol, 2015, 40(3): 248-254.
13. Moutinho S, Peres H, Serra C, et al. Meat and bone meal as partial replacement of fishmeal in diets for gilthead sea bream (*Sparus aurata*) juveniles: DIETS digestibility, digestive function, and microbiota modulation[J]. Aquaculture, 2017, 479: 721-731.

本文引用: 刘红, 陈莉, 张继芳. 术后进食不同温度流质对于扁桃体切除术患者镇痛效果及胃肠功能的影响[J]. 临床与病理杂志, 2019, 39(1): 56-60. doi: 10.3978/j.issn.2095-6959.2019.01.010

Cite this article as: LIU Hong, CHEN Li, ZHANG Jifang. Effects of different temperature liquid food on the analgesic effect and gastrointestinal function in patients undergoing tonsillectomy[J]. Journal of Clinical and Pathological Research, 2019, 39(1): 56-60. doi: 10.3978/j.issn.2095-6959.2019.01.010