

# 痔术后中医疼痛护理的应用现状

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**摘要:** 痔术后疼痛发生率较高,严重影响患者预后和生活质量。中医护理技术在缓解术后疼痛方面有其特色和优势。本研究就痔术后中医疼痛护理的应用现状进行总结分析,旨在为缓解痔术后患者的疼痛提供更多护理支持。

**关键词:** 痔; 中医护理技术; 术后疼痛; 耳穴压丸; 中药熏洗

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## Application of Traditional Chinese Medicine nursing technology in pain control after hemorrhoid surgery

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**ABSTRACT:** The incidence of pain after hemorrhoid surgery has been increasing recently years, affecting patients' prognosis and quality of life. Traditional Chinese Medicine nursing technology has its advantages in postoperative pain relief. This paper summarized the research status of Traditional Chinese Medicine nursing technology in pain control after hemorrhoid surgery, and provided reference for pain control in patients undergoing hemorrhoid surgery.

**KEY WORDS:** hemorrhoid; Traditional Chinese Medicine nursing; postoperative pain; auricular acupoint pressing; Traditional Chinese Medicine fumigation washing

痔是临床上常见的肛肠疾病之一,根据发病部位的不同,可分为内痔、外痔和混合痔。一项于2013~2014年开展的对国内大陆地区31个省(自治区、直辖市)城市居民常见肛肠疾病流行病学调查结果显示,患有肛肠疾病成年人占总调查人群的51.14%,其中痔的发病率最高(50.28%)<sup>[1]</sup>。手术是治疗痔的重要手段,但术后疼痛、便秘、出血等并发症严重影响患者术后康复和生活质量。痔术后疼痛发生率为31.2%~52.3%<sup>[2]</sup>,早期中、重度疼痛发生率高达65%<sup>[3-4]</sup>。疼痛会对患者的

心理造成不良影响,患者因畏惧疼痛而拒绝排便、换药,不利于伤口愈合和病情恢复<sup>[5-6]</sup>。中医护理技术在痔术后疼痛的护理中具有较好的效果,现就痔术后中医疼痛护理的应用现状综述如下。

### 1 耳穴压丸治疗

耳穴压丸治疗是中医外治法之一,其通过在相应穴位贴压王不留行籽,刺激穴位达到调整脏腑功能,疏通经络、活血化瘀,行气止痛的作用<sup>[7]</sup>。《黄帝内经·灵枢》记载“耳者,宗脉之所聚也”,耳

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郭分布着丰富的神经和人体主要的经脉,与五脏六腑、全身组织器官的生理功能和病理变化有直接或间接的联系。痔术后疼痛护理中,选取耳部交感、神门、肛门、直肠下段、膀胱、皮质下等穴位进行压丸治疗,能有效缩短疼痛时间、缓解疼痛程度<sup>[8-12]</sup>。交感穴可解痉止痛;神门穴可镇静、镇痛、安神;肛门穴具有清热除湿、行气镇痛的作用;直肠下段有助于局部止血止痛;膀胱穴可助膀胱气化、通利水道;皮质下能调节大脑皮质的兴奋和抑制,起到安神止痛功效。耳穴压丸治疗无创伤、无毒副作用、易操作,易于患者理解、配合。

## 2 中药局部熏洗治疗

中药熏洗是借助药液的热力及药力作用,贯通皮肤腠理,直达病灶,加快肛门局部血液循环,促进炎症物质吸收,从而起到减轻疼痛,缓解肛缘水肿的作用<sup>[13]</sup>。劳丹丹等<sup>[14]</sup>使用中药熏洗用肛洗1号方(红花、鹿角霜、野菊花,三七粉,龙血竭,三叶青,白矾)联合中药外敷方(芒硝、大黄、冰片)协同增强疏通腠理、清热解毒、消肿止痛之效。成雅萍等<sup>[15]</sup>在患者术后采用自拟五倍子汤加减熏洗坐浴联合红外线照射,能够使患者的疼痛感减弱。五倍子汤(五倍子、地肤子、黄柏、白鲜皮、苦参、防风、蜂房、花椒)全方具有清热解毒、消肿止痛等功效。研究<sup>[16]</sup>表明,中药熏洗药液温度控制在42℃、熏洗时间控制在30min,肛肠手术后止痛效果明显。值得注意的是,中药局部熏洗药液温度的把控非常重要,过热易造成患者虚脱、皮肤烫伤,温度过低则达不到治疗效果。

## 3 穴位贴敷治疗

穴位贴敷治疗是中医外治法之一,药物经皮肤吸收深入内里,同时发挥中药药效和经络调节的双重作用,临床应用广泛<sup>[17]</sup>。王梦媛等<sup>[18]</sup>选择制半夏、延胡索、乳香、没药、肉桂五味中药制成药膏,贴敷于患者承山、腰俞、大肠俞、涌泉四穴,结果治疗组疼痛评分低于对照组。孟庆慧等<sup>[19]</sup>将车前子、滑石粉、川木通、制元胡、赤芍、炙甘草各30g制成药膏,每日贴于神阙、天枢、气海、关元、中脘、上巨虚等穴位,持续4~6h后去除。结果发现观察组患者术后疼痛评分、护理期间总体疼痛程度均低于对照组。穴位贴敷治疗会随着贴敷时间过长造成皮肤过敏和胶布移位、药膏溢出污染被服,应做好患者解释工作。

## 4 腕踝针治疗

腕踝针治疗是一种相对安全的镇痛疗法。根据“十二经络者皮之布也”为理论基础,通过皮肤针叩刺激的部位,兴奋其神经感受器,使腕踝针传入的信息能够有效地抑制伤害性刺激信息的传入,达到缓解疼痛的目的。腕踝针具有安全方便、镇痛范围广、刻效应强、取穴简单、留针时间长、安全可靠等特点和优势<sup>[20-21]</sup>。江秋红等<sup>[22]</sup>在观察组患者换药前30min进行腕踝针疗法,取患者踝部相应点:双侧下6区(靠近跟腱外缘处与三阴交水平),留针时间至换药结束后1h。结果发现换药后5、10、15、30min观察组患者疼痛缓解时间显著短于对照组,疼痛评分显著低于对照组。温娅娟等<sup>[23]</sup>选择双下肢下5区、6区(脚外踝向上约三横指,下5定位:以拇指内缘顺外踝后侧而上,靠腓骨后缘之浅沟处,在踝外侧面中央,正对外踝尖;下6定位:拇指端触及跟腱外缘处),进针深度为平刺1.4寸,每天进针1次,留针时间最长不超过24h,治疗3次,隔日1次。总腕踝针治疗对痔手术患者的术后康复和缓解疼痛有明显作用,可以减轻患者痛苦,但留针于患者身体内,会造成部分患者不适及活动受限。

## 5 中医护理技术的联合应用

### 5.1 中药熏洗联合艾灸

毕颖颜<sup>[24]</sup>在中药熏洗坐浴方(大黄、黄柏、苦参、忍冬藤、两面针、徐长卿、芒硝等组成)的基础上给予患者二白穴、阳溪穴艾灸,结果显示患者术后3d内的疼痛评分明显低于对照组,大部分患者虽有疼痛但不影响睡眠,创面水肿及渗液现象改善明显。

### 5.2 中药熏洗联合揶针

揶针即揶钉型皮内针,是将揶针埋藏于皮内或皮下一定的时间,给予腧穴长期持续的良性刺激,从而增加针刺疗效,达到疏通气血,行气止痛的作用<sup>[25]</sup>。袁文贝等<sup>[26]</sup>选取中药熏洗联合揶针八髎穴疗法治疗,在患者术后第3、5、7d进行疼痛评分对比,结果显示有效率高达93.33%。

### 5.3 蒸发罨包

蒸发罨包同样利用蒸腾以及温热作用,使得皮肤附属器开放,进而有利于炎性致病介质以及代谢产物充分排出,提升药物穿透和吸收能力,增强中药活性离子透皮作用<sup>[27-28]</sup>。梁榕钰等<sup>[29]</sup>将150例行混合痔手术治疗的随机分为A组

(蒸发罨包治疗1 h)、B组(蒸发罨包治疗4 h)、C组(冷罨包治疗1 h)、D组(冷罨包治疗4 h)、E组(进行红外线治疗)各30例。对比各组患者术后第1、2、3、4、5、6、7天时的VAS、肛缘水肿得分。得出结论:混合痔手术后使用初始温度是42℃的蒸发罨包外敷1h可改善术后创面疼痛感,蒸发罨包敷于手术创面时初始较高的温度可以促进局部毛细血管扩张,有利于创面组织再生,因此疼痛感有明显减轻。

#### 5.4 中药外敷

袁晓芳等<sup>[30]</sup>采用自制解毒泻火止痛膏(金银花、菊花、赤芍、大黄、黄柏、黄芩、乳香、没药、延胡索)外敷治疗混合痔术后肛门疼痛患者39例,组方中药材有清热解毒,活血止痛,消肿生肌之效,诸药配伍正合混合痔术后肛周疼痛之病机,临床效果明显。

## 6 小结

中医认为痔术后使气血脉络受损,致局部血液运行不畅,瘀滞不通,不通则痛。临床上中医药适宜技术在临床应用广泛,具有简便易学、成本低廉的优势,且使用方便、安全、无副作用,在缓解术后疼痛方面效果显著<sup>[31]</sup>。国家对中医药事业的扶持、人民群众健康观念的转变和对养生保健的重视,为中医护理发展奠定了良好的政治和社会基础<sup>[32-33]</sup>。中医护理高质量的持续发展与完善的规则制度、规范的执行标准以及高水平的中医护理人才队伍密切相关<sup>[34]</sup>。中医护理需要在传承中发展,发展中创新,将中西医护理相结合,为患者提供全面、高效的护理服务。

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